

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117046

Entity Name: ONYX GROUP VII, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

9890 N. KENDALL DR.
#H107
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

9890 N. KENDALL DR.
#H107
MIAMI, FL 33176

New Mailing Address:

FEI Number: 26-2156758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALTER, CHARLES M
9890 N. KENDALL DR.
#H107
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALTER, CHARLES M
Address: 9890 N. KENDALL DR. #H107
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: REGUERA, ALDO M
Address: 1831 SW 82 PLACE
City-St-Zip: MIAMI, FL 33155

Title: MGRM () Delete
Name: GONZALEZ, LUIS A
Address: 6554 SW 114 PLACE
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: FINDEISEN, JOHN E
Address: 7510 SW 153 PLACE #102
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: --- (X) Change () Addition
Name: ---, ---
Address: ---
City-St-Zip: ---, FL ---

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES M. ALTER

MGR

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date