2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

U	NIFORM BUSINE	SS REPORT	' (UBR)		FI	LED		
DOCU 1. Entity Nam : OPCC, LL	,			03 & 25-2	003 90041 02		00	
OF OC, LL			1		SECRETA TALLAHA	INY OF STA SSEE FLOR	ie IDA	
Principal Plac	ce of Business	Mailing Address		Ì	•		<u>.</u>	
2525 COUNTRY ORANGE PARK		2525 COUNTRY CLUB BLVD ORANGE PARK FL 32073			A INDIIUTA AM ORIĜI ((RI) O	Miti Maksi Muiil Dueil 99	18814 181 44	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9	CHECK	HERE IF MAKING	CHANGES	
City & State		City & State		4.	FEI'Number 59-37	22886		oplied For ot Applicable
Zip .	Country	Zip	Country		Certificate of Status De		\$5.00 Add Fee Require	
	6, Name and Address of Current I	Registered Agent	Name	7	Name and Address of	New Registered	Agent	
4309	sler, frank r Jr. 9 pablo oaks court, suite fiv Ksonville fl 32224		ddress (P.O. 8	iox Number is Not Acci	eptable)			
.3			City			FL	Zip Cod	le
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office o	registered ag	ent, or both, in the Stat	e of Florida, I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE	Registered Agent signal	ire required when re	sinateting)	DATE	 _	
-			W!!! FEE IS	-				
		Make Check Payable Due By	e to Fiorida De September 24,		State]			
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADOI	TIONS/CHANGES		
TITLE	MGR	Oelete)	TITLE	MGRM			☐ Change	Addition
NAME STREET ADDRESS	BLAKEWOOD, MARK C 2525 COUNTRY CLUB BLVD.		NAME Street Address	ARMSTA	ONG, COLIN	BBLVD		
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP	ORANGE	E PARK, FL	32073		
TITLE	0.00.000	☐ Delete	TITLE	40 44			☐ Change	Addition
NAME			NAME	RAULER	SON, RAY	UB BLVD		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	2525	COUNTRY CO	1 404-3		
TITLE "		Deleta Deleta	TITLE TO THE		E PARK, F		Change	Addition
NAME		. Odless	NAME	RAULER	SON, CHAR COUNTRY C	LES.	— Citaria	[4] Addition
STREET ADORESS			STREET ADDRESS	2525	COUNTRY C	LUB BLV	D	
CITY-\$T-ZIP	<u> </u>		CITY-ST-ZIP	ORANO	GE PARK,	FL 3707	23	
TITLE		☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		4			
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME	-		NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME		- DEIGG	NAME				Change	L. AUGUON
PERSON ADDRESS								
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP	' 		•		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE:

9/23/03

458-100/