2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008704

1. Entity Name
OFS INVESTORS, LLC

Principal Place of Business

Tiricipal Flace Of Busi

2605 SW 33RD ST # 200

Mailing Address

P.O. BOX 2495 OCALA, FL 34478

US

OCALA, FL 34474 US



FILED Feb 19, 2004 8:00 am Secretary of State

02-19-2004 90159 019 ****50.00



01062004 No Chg-LLC

CR2E083 (10/03)

352/369-9881

4. FEI Number		Applied For
81-0601534		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KIRKPATRICK, KENNETH B 2605 SW 33RD ST., #200 OCALA, FL 34474

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the obligat	ions of registered agent.		
SIGNATURE	Signsture, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating) DATE	 ,
	ling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, KENNETH B 2605 SW 33RD ST., #200 OCALA, FL 34474		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
indicated	ertify that the information supplied with this filing does not quote this report is true and accurate and that my signature shall be company or the receiver or trustee empowered to execute	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the info all have the same legal effect as if made under oath; that I am a managing member or manager oute this report is required by Chapter 608, Florida Statutes.	ormation of the

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OH AUTHORIZED REPRESENT FREE

8. 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. I am familiar with, and accept