


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000014076 1. Entity Name OT 505 LLC	
---	---

Principal Place of Business 299 SOUTH MAIN STREET, 12TH FLOOR SALT LAKE CITY, UT 84111	Mailing Address 299 SOUTH MAIN STREET, 12TH FLOOR SALT LAKE CITY, UT 84111
--	--

DO NOT WRITE IN THIS SPACE



09102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 87-0131890	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 8, 2004**

U00000172140
09/13/04-80001-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORTON, VAL T 299 S. MAIN STREET, 12TH FLOOR SALT LAKE CITY, UT 84111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMAR, LUIS 848 BRICKELL AVENUE, SUITE 810 MIAMI, FLORIDA 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 liability company or the receiver of the assets empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  MGR 9/11/04 305 3778333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #