2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000014076

1. Entity Name
OT 505 LLC

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

DO NOT WRITE IN THIS SPACE

02202007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
87-0131890	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE
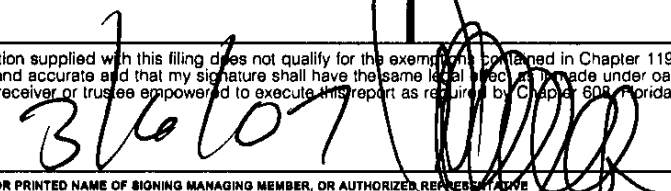
Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ORTON, VAL T
STREET ADDRESS	299 S. MAIN STREET, 12TH FLOOR
CITY-ST-ZIP	SALT LAKE CITY, UT 84111
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000660717
03/20/07-80011-022 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #