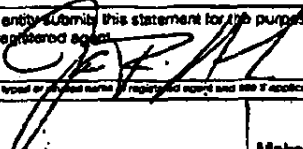
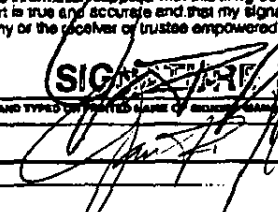


FILED
Mar 31, 2003 8:00 am
Secretary of State

02-28-2003 90037 034 ***150.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000028722			
1. Entity Name OFA, LLC		55020638	
Principal Place of Business 2885 HATTERAS WAY NAPLES FL 34119		Mailing Address 2885 HATTERAS WAY NAPLES FL 34119	
2. Principal Place of Business 2375 TAMiami TR. N Suite, Apt. #, etc. 206-C City & State NAPLES FL. Zip 34103 Country USA		3. Mailing Address 2375 TAMiami TR. N. Suite, Apt. #, etc. 206-C City & State NAPLES FL. Zip 34103 Country USA	
4. FEI Number 06-1658451		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NEHER, JAMES R 2885 HATTERAS WAY NAPLES FL 34119		7. Name and Address of New Registered Agent Name NEHER, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 9057 WHIMBREL WATCH LN # 202 City NAPLES FL Zip Code 34109	
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  James R. NEHER MGT MEMBER 1/29/03		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER JAMES R. NEHER 9057 WHIMBREL WATCH LN # 202 NAPLES FL. 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER JOSEPH N. DAHL 16 BLUEBILL AVE NAPLES FL. 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  MANAGING MEMBER 1/29/03 739 435-0777		AMENDED 3/24/03	