2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000042280

Entity Name: OTS, LLC

Current Principal Place of Business:

1901 SOUTH HARBOR CITY BLVD., SUITE 600
MELBOURNE, FL 32901

New Principal Place of Business:

6645 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

Current Mailing Address:

1196 US HWY 1
MALABAR, FL 32950

New Mailing Address:

6645 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952

FEI Number: 20-2756570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LENKE, JEAN
1196 US HWY 1
MALABAR, FL 32950 US

Name and Address of New Registered Agent:

EXLINE, LOU
6645 S. TROPICAL TRAIL
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: LOU EXLINE 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EXLINE, LOUIS
Address: 1901 SOUTH HARBOR CITY BLVD., SUITE 600
City-St-Zip: MELBOURNE, FL 32901

Title: ST (X) Delete
Name: EXLINE, LOUIS
Address: 1901 SOUTH HARBOR CITY BLVD., SUITE 600
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: EXLINE, LOUIS
Address: 6645 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOU EXLINE MM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date