


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90184 018 \*\*\*\*50.00

**DOCUMENT # L06000045353**

1. Entity Name  
 OTHER OPTIONS, L.L.C.



Principal Place of Business  
 1800 STATE ROAD 17 SOUTH  
 AVON PARK, FL 33825

Mailing Address  
 1800 STATE ROAD 17 SOUTH  
 AVON PARK, FL 33825

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03252007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
 MORRISON, JOSEPH A  
 3500 SOUTH FLORIDA AVE. SUITE 3  
 LAKELAND, FL 33803

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	Nat'l Advisors Trst FSB, FBO James Wohl IRA	
STREET ADDRESS	10881 Lowell Ave, Ste 100	
CITY - ST - ZIP	Overland Park, KS 66210	
TITLE	MGR (Manager)	<input type="checkbox"/> Delete
NAME	P. Jill Ashley, CPA	
STREET ADDRESS	2856 Carrie Lane	
CITY - ST - ZIP	Lakeland, FL 33812-3158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: P. Jill Ashley P. Jill Ashley 3/25/07 863.446.1650

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