


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 17, 2008 08:00 A
Secretary of State**

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|---|---|
| DOCUMENT # L06000045353 |  |
| 1. Entity Name OTHER OPTIONS, L.L.C. | |

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|--|--|
| Principal Place of Business 1800 STATE ROAD 17 SOUTH AVON PARK, FL 33825 | Mailing Address 1800 STATE ROAD 17 SOUTH AVON PARK, FL 33825 |
|--|--|



03152008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 20-4733283 | 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

MORRISON, JOSEPH A
3500 SOUTH FLORIDA AVE. SUITE 3
LAKELAND, FL 33803

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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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ASHLEY, JILL P CPA 2856 CARRIE LN LAKELAND, FL 33812 |
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04/03/08-80014-012-138.75

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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 3-15-08 863 446.1650

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