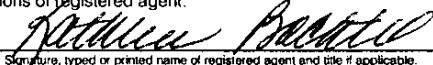
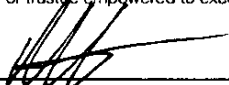


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90172 016 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                                              |                                                                                                                                                                                                                             |                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L02000026649</b><br>1. Entity Name<br><b>OPTION CO., LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                              |                                                                                                                                                                                                                             |   |  |
| Principal Place of Business<br><b>6508 EAST FOWLER AVENUE<br/>TAMPA, FL 33617 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                              | Mailing Address<br><b>6508 EAST FOWLER AVENUE<br/>TAMPA, FL 33617 US</b>                                                                                                                                                    |                                                                                    |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>2330 W. Horatio St</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   | 3. Mailing Address<br><b>2330 W. Horatio St.</b>                             |                                                                                                                                                                                                                             |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | Suite, Apt. #, etc.                                                          |                                                                                                                                                                                                                             |                                                                                    |  |
| City & State<br><b>Tampa FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   | City & State<br><b>Tampa FL</b>                                              |                                                                                                                                                                                                                             | 01282008 Chg-LLC CR2E083 (12/06)                                                   |  |
| Zip<br><b>33609</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   | Country<br><b>USA</b>                                                        |                                                                                                                                                                                                                             | 4. FEI Number<br><b>22-3877835</b>                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | <b>\$5.00</b> Additional Fee Required                                        |                                                                                                                                                                                                                             |                                                                                    |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>INTRASTATE REGISTERED AGENT CORP</b><br><b>701 BRICKELL AVENUE, SUITE 3000</b><br><b>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Kathleen Bachtel</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2330 W. Horatio St.</b><br>City <b>Tampa</b> <b>FL</b> Zip Code <b>33609</b> |                                                                                    |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | <b>Kathleen Bachtel</b>                                                      |                                                                                                                                                                                                                             | <b>3/11/08</b>                                                                     |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | Make check payable to<br>Florida Department of State                         |                                                                                                                                                                                                                             |                                                                                    |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                                                |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGR<br>WALLACE, DON<br>6508 EAST FOWLER AVENUE<br>TAMPA, FL 33617 | <input type="checkbox"/> Delete                                              |                                                                                                                                                                                                                             |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2330 W. Horatio St<br>Tampa FL 33609                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                                                                             |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                             |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                             |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                             |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                             |                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                                                                                                                                                                                                             |                                                                                    |  |
| 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. |                                                                   |                                                                              |                                                                                                                                                                                                                             |                                                                                    |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                              |                                                                                                                                                                                                                             | <b>8/3-8/8-4518</b>                                                                |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                              |                                                                                                                                                                                                                             | Date Daytime Phone #                                                               |  |