


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000001766		
1. Entity Name OPTION TECHNOLOGIES INTERACTIVE, L.L.C.		
Principal Place of Business 4399 36TH STREET S.W. ORLANDO, FL 32811	Mailing Address 4399 36TH STREET S.W. ORLANDO, FL 32811	



DO NOT WRITE IN THIS SPACE

03282005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3625492	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 FITE, MARK A 4399 36TH STREET S.W. ORLANDO, FL 32811	DO NOT WRITE IN THIS SPACE
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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 [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE 3/30/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FITE, MARK A 7927 HORSE FERRY ROAD ORLANDO, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEATLEY, KIMBAL L 395 SOUTH 10000 EAST HUNTSVILLE, UT 84317
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] MARK A. FITE 3/30/05 407-872-2333

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