


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90071 010 \*\*\*\*50.00

<b>DOCUMENT # L00000005238</b>					
<b>1. Entity Name</b> DRACKETT & OTT ENTERPRISES, LLC					
<b>Principal Place of Business</b> 745 12TH AVE SOUTH STE. 100 NAPLES, FL 34102			<b>Mailing Address</b> 745 12TH AVE SOUTH STE. 100 NAPLES, FL 34102		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3633321	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
OTT, BARRET C 850 PARK SHORE DRIVE, SUITE 200 NAPLES, FL 34103			Name <b>OTT, BARRETT C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>745 12th Ave. South, Ste 100</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34102</b>		
<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.</b>					
SIGNATURE <i>[Signature]</i> <b>Co-Managing Member</b> <b>3/02/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OTT, BARRET C 8590 PARK SHORE DRIVE SUITE 200 NAPLES, FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DRACKETT, WILLIAM 614 WOOSTER PIKE TERRACE PARK, OH 45174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Co-Managing Member</b> <b>3/02/04</b> <b>239/403-3900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>					