

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005238

FILED  
Jan 06, 2005  
Secretary of State

Entity Name: DRACKETT & OTT ENTERPRISES, LLC

**Current Principal Place of Business:**

745 12TH AVE SOUTH  
STE. 100  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

745 12TH AVE SOUTH  
STE. 100  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 59-3633321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

OTT, BARRET C  
745 12TH AVE. S STE 10  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

OTT, BARRETT C  
745 12TH AVE. SOUTH  
SUITE 100  
NAPLES, FL 34102 US

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.

SIGNATURE: BARRETT C. OTT

01/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: OTT, BARRET C  
Address: 8590 PARK SHORE DRIVE SUITE 200  
City-St-Zip: NAPLES, FL 34103

Title: MGR ( ) Delete  
Name: DRACKETT, WILLIAM  
Address: 614 WOOSTER PIKE  
City-St-Zip: TERRACE PARK, OH 45174

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OTT, BARRETT C  
Address: 745 12TH AVENUE SOUTH, SUITE 100  
City-St-Zip: NAPLES, FL 34102

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARRETT C. OTT

CMM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date