

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005238

FILED
Feb 06, 2006
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:

745 12TH AVE SOUTH
STE. 105
NAPLES, FL 34102

Current Mailing Address:

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

New Mailing Address:

745 12TH AVE SOUTH
STE. 105
NAPLES, FL 34102

FEI Number: 59-3633321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

OTT, BARRETT C
745 12TH AVE. SOUTH
SUITE 105
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

02/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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 105
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 Chapter 119, 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

MGR

02/06/2006

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