

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90001 004 ****50.00

DOCUMENT # L00000013323

1. Entity Name
OCELOT, LLC



Principal Place of Business
**2551 SUNDY AVENUE
DELRAY BEACH, FL 33444**

Mailing Address
**PO BOX #908
DELRAY BEACH, FL 33447-0908**

63010011



2. Principal Place of Business

3. Mailing Address
PO Box 7209

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022004 Chg-LLC CR2E083 (10/03)

City & State

City & State
DELRAY BEACH. FL

4. FEI Number
65-1057901

Applied For
Not Applicable

Zip

Country

Zip
33482-7209

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREEBORN, RICHARD
2551 SUNDY AVENUE
DELRAY BEACH, FL 33444**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

August 2, 2004

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
OCELOT MANAGEMENT, INC.
2551 SUNDY AVENUE
DELRAY BEACH, FL 33444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

August 2, 2004 954.770.9668

Date

Daytime Phone #