


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90160 026 ****50.00

DOCUMENT # L01000006537 1. Entity Name OHC, LLC					
Principal Place of Business 1970 GOLF STREET SARASOTA FL 34236			Mailing Address 1970 GOLF STREET SARASOTA FL 34236		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 65-1104069 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				MOORE CR2E083 (11/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FERGESSON, JAMES O JR-ESQ 1970 GOLF STREET SARASOTA FL 34236			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, RICHARD H 3131 SOUTH TAMiami TRAIL SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brown, Richard H 1970 GOLF STREET SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHU, LUIS 3131 SOUTH TAMiami TRAIL SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chu, Luis 1970 GOLF STREET SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AUDEH, JAMEEL 3131 SOUTH TAMiami TRAIL SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Audeh, Jameel 1970 GOLF STREET SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVER, CARYN 3131 SOUTH TAMiami TRAIL SARASOTA FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Silver, Caryn 1970 GOLF STREET SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, RODRIGO 3131 SOUTH TAMiami TRAIL SARASOTA FL 34239	<input checked="" 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	
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					
				Date _____ Daytime Phone # _____	