## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 12, 2007 8:00 am Secretary of State DOCUMENT # L01000019851 04-12-2007 90183 001 \*\*\*\*50.00 1. Entity Name O & P PROPERTIES, L.L.C. Mailing Address Principal Place of Business 2808 MANATEE AVENUE WEST 2808 MANATEE AVENUE WEST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 2500 Monatee AVI., L 3. Mailing Address ense Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Braderion 65-0640496 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Manatee 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent PERRON & WELSON PERRON, ANDRE R ESQ. Street Address (P.O. Box Number is Not Acceptable) OZARK & PERRON, P.A. 2808 MANATEE AVE. WEST BRADENTON, FL 34205 Bradenton 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 agenty ANDRE K. PERROW, ESQ SIGNATURE Signature, typed or print Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM MGRM TITLE Change ☐ Addition TITLE Delete OZARK, DAMIAN M. OZARK, DAMIAN M NAME NAME 2816 manatee Ave. w. Bradenton, FL 34205 2808 MANATEE AVE. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-7IP MGRM MGRM 🖎 Change Addition TITLE TITLE Delete PERRON, ANDRE R. 2516 manater Ave., W. Bradenton, FL 34205 PERRON, ANDRE R NAME NAME STREET ADDRESS 2808 MANATEE AVE. W. STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. PERRON SIGNATURE: SIGNATURE AND TYPED OF PONTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #