



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90048 012 \*\*\*\*50.00

DOCUMENT # L02000001697					
<b>1. Entity Name</b> OPTIM PRODUCTS, LLC					
<b>Principal Place of Business</b> 900 N.W. 10TH AVE. FT. LAUDERDALE, FL 33311			<b>Mailing Address</b> 900 N.W. 10TH AVE. FT. LAUDERDALE, FL 33311		
<b>2. Principal Place of Business</b> 7837 VENTURE CENTER WAY Suite, Apt. #, etc. SUITE 5101		<b>3. Mailing Address</b> 7837 VENTURE CENTER WAY Suite, Apt. #, etc. SUITE 5101			
<b>City &amp; State</b> BOYNTON BEACH, FL		<b>City &amp; State</b> BOYNTON BEACH, FL		02082005    Chg-LLC    CR2E083 (10/03)	
<b>Zip</b> 33437		<b>Country</b> U.S.A.		<b>4. FEI Number</b> 02-0554093	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BRODY, MICHAEL 900 N.W. 10TH AVE. FT. LAUDERDALE, FL 33311			<b>7. Name and Address of New Registered Agent</b> Name: CATHERINE C. BRODY Street Address (P.O. Box Number is Not Acceptable): 7837 VENTURE CENTER WAY Suite 5101 City: BOYNTON BEACH, FL    Zip Code: 33437		
<b>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.</b>					
SIGNATURE <i>Catherine C. Brody</i>			CATHERINE C. BRODY MGRM 5-25-04		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRODY, MICHAEL L 900 NW 10TH AVE FORT LAUDERDALE, FL 33311		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CATHERINE C. BRODY 7837 VENTURE CENTER WAY, #5101 BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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	
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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	
<b>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.</b>					
SIGNATURE <i>Catherine C. Brody</i>			CATHERINE C. BRODY MGRM 5-25-04 561-737-1033		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		