

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90063 002 \*\*\*\*50.00

**DOCUMENT # L02000004143**

1. Entity Name  
OTB, LLC



Principal Place of Business  
P.O. BOX 2145  
ENGLEWOOD, FL 34295

Mailing Address  
P.O. BOX 2145  
ENGLEWOOD, FL 34295



01122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
73-1630406

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHIFFLETT, MYRTLE  
3202 BAYVIEW CT.  
ST. CLOUD, FL 34772

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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SHIFFLETT, DONNA C  
4005 BAY OAKS CIRCLE  
ENGLEWOOD, FL 34223

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
SHIFFLETT, MYRTLE  
3202 BAYVIEW CT.  
ST. CLOUD, FL 34772

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby 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.

**SIGNATURE:**

*Donna C Shifflett* Donna C Shifflett

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

Date

Daytime Phone #

1-12-06 941-474-0911