

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004143

Entity Name: OTB, LLC

FILED
Mar 30, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 2145
ENGLEWOOD, FL 34295

New Principal Place of Business:

4005 BAY OAKS CIRCLE
ENGLEWOOD, FL 34223

Current Mailing Address:

P.O. BOX 2145
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 73-1630406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHIFFLETT, DONNA C
Address: 4005 BAY OAKS CIRCLE
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM () Delete
Name: SHIFFLETT, MYRTLE
Address: 3202 BAYVIEW CT.
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

03/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date