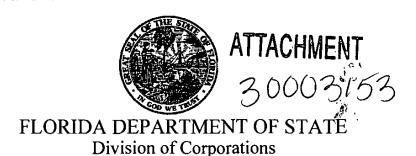
## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## 03-01-2006 90224 010 \*\*\*\*50.00 DOCUMENT #L02000008786 1. Entity Name FLORIDA OFSC, LLC Principal Place of Business Mailing Address 549 HEALTH BLVD. 549 HEALTH BLVD. DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32117 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 02232006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 02-0583933 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AKERS, JOHN O Street Address (P.O. Box Number is Not Acceptable) 549 HEALTH BLVD. DAYTONA BEACH, FL 32114 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 Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . 110 Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR TITLE Delete TIPLE Addition ☐ Change FLEUCHAUS, PHILIP T NAME HUME STREET ADDRESS 549 HEALTH BLVD. STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-7IP CITY-ST-ZIP MGR ☐ Detete TITLE Change Addition SCHALIT, CURTIS NUME NUME STREET ADDRESS 549 HEALTH BLVD. STREET ADDRESS CITY-ST-ZP DAYTONA BEACH, FL 32114 CITY-SI- DP MGR TITLE ☐ Delete TITLE Change Addition AKERS, JOHN O NAME NAME STREET ADDRESS 549 HEALTH BLVD. STREET ADDRESS DAYTONA BEACH, FL 32114 CITY-ST-ZP MER ITLE Deleta Change - Addition TITLE NAME awson. STREET ADDRESS 549 Health Blud STREET ADDRESS CITY-SI-ZIP CITY-SI-70P 32114 tm F Celete IIILE MARK NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP **ジリント 3ES**L (社会的)の TITLE Oelete TITLE ☐ Change Addition NAME ... STREET ADDRESS CITY-ST-ZIP ... 11. Thereby certify that the information supplied with this fijing 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 affect as if made under eath; that I am a managing member or manager of the limited liability company of the receiver or fustee enhanced to execute this report as required by Chapter 608. Florida Statutes. SIGNATURE: BIGNING MANAGING MEMBER, MANAGER, DR AUTHORIZED REPRESENTATIO

FILED

Secretary of State

Mar 23, 2006 8:00 am



March 3, 2006

FLORIDA OFSC, LLC 549 HEALTH BLVD. DAYTONA BEACH, FL 32117 US

Subject: FLORIDA OFSC, LLC

Reference Number:

L02000008786

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm ANNUAL REPORTS SECTION