

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014644

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: OT GROUP, L.L.C.

**Current Principal Place of Business:**

2600 ISLAND BLVD., #2906  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2600 ISLAND BLVD., #2906  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 35-2171289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEWIS, ANDREW  
4000 HOLLYWOOD BLVD.  
SUITES #265 SOUTH  
HOLLYWOOD, FL 33021 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: MGRM ( ) Delete  
Name: LEWINGER, NATHAN  
Address: 2600 ISLAND BLVD. #2906  
City-St-Zip: AVENTURA, FL 33160

Title: MGRM ( ) Delete  
Name: LEWINGER, SARA TOBI  
Address: 2600 ISLAND BLVD. #2906  
City-St-Zip: AVENTURA, FL 33160

**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 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: SARA TOBI LEWINGER

MGRM

01/15/2009

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