2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000008235

1. Entity Name
OTP,, L.L.C.

Principal Place of Business	Mailing Address
8494 NAVARRE PARKWAY NAVARRE, FL 32566	8494 NAVARRE PARKWAY NAVARRE, FL 32566

34000208

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232004   Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
26-1905899	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOROWSKI, TED A JR 25 W CEDAR STREET STE. 304 PENSACOLA, FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) City ____ FL ___ 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 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, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE **MGRM** NAME **PULLUMF, WILLIAM A** STREET ADDRESS **8494 NAVARRE PARKWAY** CITY-ST-ZIP **NAVARRE, FL 32566**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP **PULLUM, William A.** **(last name misspelled).**	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____   William A. Pullum, Mgr., 1/26/04   850/939-2363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #