

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000024973

Entity Name: O.O.P.S, L.L.C.

**FILED**  
**Mar 06, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 970402  
COCONUT CREEK, FL 33097

**New Principal Place of Business:**

21664 CLUB VILLA TERRACE  
BOCA RATON, FL 33433

**Current Mailing Address:**

P.O. BOX 970402  
COCONUT CREEK, FL 33097

**New Mailing Address:**

FEI Number: 90-0120803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALLIN, ADRIAN  
PO BOX 970402  
COCONUT CREEK, FL 33097 US

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

MALLIN, ADRIAN  
1113 BURLWOOD CT  
LONGWOOD, FL 32750 US

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: ADRIAN MALLIN

03/06/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MALLIN, ADRIAN M MRS  
Address: PO BOX 970402  
City-St-Zip: COCONUT CREEK, FL 33097

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MALLIN, ADRIAN M MS  
Address: PO BOX 970402  
City-St-Zip: COCONUT CREEK, FL 33097

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: ADRIAN MALLIN

GM

03/06/2007

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