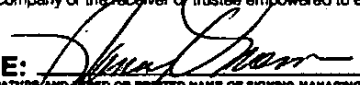


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

01-19-2005 90025 040 ****50.00

DOCUMENT # L03000025757			
1. Entity Name OTRAN, LLC			
Principal Place of Business 5801 S.W. 6TH PLACE OCALA, FL 34474		Mailing Address P.O. BOX 770565 OCALA, FL 34477	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 773347 Suite, Apt. #, etc.	
City & State Ocala FL		4. FEI Number 57-1179791	
Zip 34477-3347		Country FL	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent OWENS, RON 5801 S.W. 6TH PLACE OCALA, FL 34474		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Member OWENS, RON 5801 S.W. 6TH PLACE OCALA, FL 34474	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Member NANCY OWENS 5801 S.W. 6th Place Ocala, FL 34474	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: 1/18/05 352-f27-7791	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30000462



01072005 Chg-LLC CR2E083 (10/03)