

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025757

FILED
Jan 16, 2007
Secretary of State

Entity Name: OTRAN, LLC

Current Principal Place of Business:

5801 S.W. 6TH PLACE
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 773347
OCALA, FL 344773347

New Mailing Address:

FEI Number: 57-1179791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, RON
5801 S.W. 6TH PLACE
OCALA, FL 34474 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: OWENS, RON
Address: 5801 S.W. 6TH PLACE
City-St-Zip: Ocala, FL 34474

Title: MEM () Delete
Name: OWENS, NANCY
Address: 5801 S.W. 6TH PLACE
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: OWENS, NANCY
Address: 5801 S.W. 6TH PLACE
City-St-Zip: Ocala, FL 34474

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: RON OWENS

MGRM

01/16/2007

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