

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90069 034 ****50.00

DOCUMENT # L03000037241

1. Entity Name
OTTUSO PROPERTIES, L.L.C.



Principal Place of Business
1955 22ND AVENUE
VERO BEACH, FL 32960

Mailing Address
1955 22ND AVENUE
VERO BEACH, FL 32960

DO NOT WRITE IN THIS SPACE



07142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
56-2415999

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
OTTUSO, PATRICK J M.D.
1955 22ND AVENUE
VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
OTTUSO, NAOMI
1955 22ND AVENUE
VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #