2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000037241

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



FILED Feb 27, 2007 08:00 AM Secretary of State

Principal Place of Business

1955 22ND AVENUE VERO BEACH, FL 32960 Mailing Address

1955 22ND AVENUE VERO BEACH, FL 32960



01122007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	56-2415999		Not Applicable
5.	Certificate of Status Desired	□ \$5.00	Additional quired

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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	e named entity submits this statement for the purpose of cham tions of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or pinled name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstaling)	DATE
F • <u>D</u>	illing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OTTUSO, PATRICK J M.D. 1955 22ND AVENUE VERO BEACH, FL 32960		
NAME STREET ADDRESS CITY-ST-ZIP	MGR OTTUSO, NAOMI 1955 22ND AVENUE VERO BEACH, FL 32960		U00000650386 03/08/07-80011-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZiP			The first constraints of the second constrai
TITLE NAME STREET ADDRESS			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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: Naomi Ottiso

2.23-07

772.234.659

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

Date

Daytime Phone #