


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000046790</b> 1. Entity Name OTOWN MANAGEMENT, L.L.C.	
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Principal Place of Business 341 COLOMBO CIRCLE ORLANDO, FL 32804	Mailing Address 341 COLOMBO CIRCLE ORLANDO, FL 32804
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<b>DO NOT WRITE IN THIS SPACE</b>
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01212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0471755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  HOPFENBERG, ROBERT 341 COLOMBO CIRCLE ORLANDO, FL 32804
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPFENBERG, ROBERT J 341 COLOMBO CIRCLE ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOPFENBERG, TAMARA R 341 COLOMBO CIRCLE ORLANDO, FL 32804
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<p>U000000824126 02/20/08-80065-015 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:  1/22/08 407 496 0606
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>