

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000016406

1. Entity Name
OTIS JARRETT LLC



Principal Place of Business
540 AVENUE A NE
WINTER HAVEN, FL 33881

Mailing Address
540 AVENUE A NE P.O. Box 1186
WINTER HAVEN, FL 33881
Lake Wales, FL 33859

2. Principal Place of Business
1364 Old Bartow/Lake Wales Rd.

3. Mailing Address
P.O. Box 1186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Wales, FL

City & State
Lake Wales, FL

Zip
33859

Country
PO/K

Zip
33859

Country
PO/K

6. Name and Address of Current Registered Agent

JARRETT, OTIS L JR

540 AVENUE A NE P.O. Box 1186

WINTER HAVEN, FL 33881

Lake Wales, FL 33859

1364 Old Bartow/
Lake Wales Rd.

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

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 May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM Delete
NAME JARRETT, OTIS L JR.
STREET ADDRESS 540 AVENUE A NE P.O. Box 1186
CITY-ST-ZIP WINTER HAVEN, FL 33881 Lake Wales, FL 33859

TITLE MGRM Delete
NAME Jarrett, Otis L. Jr.
STREET ADDRESS 1364 Old Bartow/Lake Wales Rd.
CITY-ST-ZIP Lake Wales, FL 33859

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Otis L Jarrett Jr.*

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

4-13-05 863-287-8217

Date Daytime Phone #

FILED
May 16, 2005 8:00 am
Secretary of State

04-19-2005 90015 034 ****50.00



04112005 Chg-LLC CR2E083 (10/03)