

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043721

1. Entity Name
OTTER CREEK HOLDINGS LLC



Principal Place of Business
**212 S. MAGNOLIA AVENUE
TAMPA, FL 33606**

Mailing Address
**212 S. MAGNOLIA AVENUE
TAMPA, FL 33606**



04122006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2448265

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TATE, MARK T
212 S. MAGNOLIA AVENUE
TAMPA, FL 33606**

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TATE, MARK T
212 S MAGNOLIA AVENUE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MESSINA, PAUL M
212 S MAGNOLIA AVENUE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TATE, MARK T JR.
212 S MAGNOLIA AVENUE
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000541334
05/10/06-80055-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE:

Mark T. Tate

MARK T. TATE

813-254-6677

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

Date

Daytime Phone #