


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000049595	
1. Entity Name O.P. DEVELOPMENT, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -8 AM 10:00

Principal Place of Business 1234 AIRPORT ROAD, SUITE 215 DESTIN FL 32541	Mailing Address 1234 AIRPORT ROAD, SUITE 215 DESTIN FL 32541
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2. Principal Place of Business 4300 Legendary Dr. Suite, Apt. #, etc. 204 City & State Destin, FL Zip 32541 Country	3. Mailing Address 4300 Legendary Dr. Suite, Apt. #, etc. 204 City & State Destin, FL Zip 32541 Country
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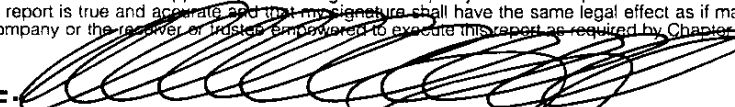
1st MOORE	CR2E083 (10/05)
4. FEI Number 20-1408348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent OLSON, RICHARD 1234 AIRPORT ROAD, SUITE 215 DESTIN FL 32541	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.	4-28-06
SIGNATURE	DATE

FILE NOW!!! FEE IS \$50.00. Make Check Payable to Florida Department of State. Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSON & ASSOCIATES OF NW FLORIDA, INC. 1234 AIRPORT ROAD SUITE 215 DESTIN FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300 Legendary Dr. Ste. 204
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500076302425 06/19/06--01005--001 **2150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	4-28-06 850-650-2858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #