2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# L04000064982

Entity Name: OFY, L.L.C.

Current Principal Place of Business:

434 ROYAL POINCIANA
TAMPA, FL 33609

New Principal Place of Business:

4900 BAY WAY DRIVE
TAMPA, FL 33329

Current Mailing Address:

434 ROYAL POINCIANA
TAMPA, FL 33609

New Mailing Address:

4900 BAY WAY DRIVE
TAMPA, FL 33629

FEI Number: 51-0522955 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAMARGO, TED R
401 EAST JACKSON STREET, SUITE 2400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HERSHOCK, JANE A MRS.	
Address:	434 ROYAL POINCIANA DRIVE	
City-St-Zip:	TAMPA, FL 33609	
Title:	MGRM	( ) Delete
Name:	HERSHOCK, KURT G MR.	
Address:	434 ROYAL POICIANA DRIVE	
City-St-Zip:	TAMPA, FL 33609	
Title:	MGRM	( ) Delete
Name:	ABBEY, PATRICK A DR.	
Address:	4900 BAY WAY DRIVE	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGRM	( ) Delete
Name:	ABBEY, STACY G MRS.	
Address:	4900 BAY WAY DRIVE	
City-St-Zip:	TAMPA, FL 33629	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACY ABBEY MGRM 03/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date