

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064982

FILED  
Mar 28, 2008  
Secretary of State

Entity Name: OFY, L.L.C.

## Current Principal Place of Business:

4900 BAY WAY DRIVE  
TAMPA, FL 33329

## New Principal Place of Business:

4900 BAY WAY DRIVE  
TAMPA, FL 33629

## Current Mailing Address:

4900 BAY WAY DRIVE  
TAMPA, FL 33629

## New Mailing Address:

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 POINCIANA 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 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

MGR

03/28/2008

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