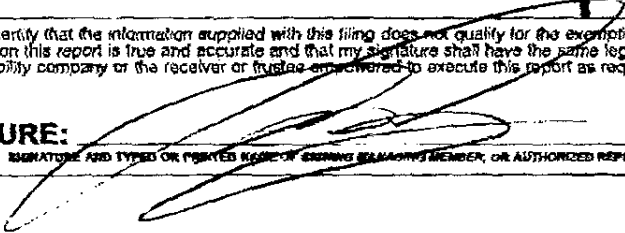


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000065745</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                                                                     |
| 1. Entity Name<br><b>O &amp; E PARTNERS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                                                                                                      |
| Principal Place of Business<br><b>% OFER SADIK<br/>10620 NW 49TH STREET<br/>CORAL SPRINGS, FL 33076</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | Mailing Address<br><b>% OFER SADIK<br/>10620 NW 49TH STREET<br/>CORAL SPRINGS, FL 33076</b>                                                                          |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                                                                                                      |
| 6. Name and Address of Current Registered Agent<br><br><b>SADIK, OFER<br/>10620 NW 49TH STREET<br/>CORAL SPRINGS, FL 33076</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                                                                |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                                                                                      |
| Filing Fee is \$50.00<br>Due by May 1, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                                                                                      |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>SADIK, OFER<br>10620 NW 49TH STREET<br>CORAL SPRINGS, FL 33076 |                                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                                                                                      |
| 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 608, Florida Statutes. |                                                                       |                                                                                                                                                                      |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | OFER SADIK 02-22-06 954-977-8177<br><small>Signature and typed or printed name of signing managing member, or authorized representative Date Daytime Phone #</small> |



02212006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1565242**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

U00000490264  
04/18/06-80050-003 50.00

**DO NOT WRITE  
IN THIS SPACE**