

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000068671

1. Entity Name
OTIS LLC



Principal Place of Business
1707 ORLANDO CENTRAL PARKWAY
SUITE 350
ORLANDO, FL 32809

Mailing Address
875 NORTH ROYAL STREET
SUITE 220
ALEXANDRIA, VA 22314



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1781740

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

FLEMMING, TODD
1707 ORLANDO CENTRAL PARKWAY
SUITE 350
ORLANDO, FL 32809

**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 reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

000000412014
02/10/06-80031-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FLEMMING, TODD
STREET ADDRESS 1707 ORLANDO CENTRAL PARKWAY - STE 350
CITY-ST-ZIP ORLANDO, FL 32809

TITLE MGR
NAME LANDIS, JANE
STREET ADDRESS 815 N ROYAL STREET - STE 220
CITY-ST-ZIP ALEXANDRIA, VA 22314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 608, Florida Statutes.

SIGNATURE:

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

1/23/06

703/549-3900

Daytime Phone #