


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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DOCUMENT # L04000076269 1. Entity Name OSTREC, L.L.C.	
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Principal Place of Business 215 BAYSIDE DRIVE CLEARWATER, FL 33767	Mailing Address 215 BAYSIDE DRIVE CLEARWATER, FL 33767
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DO NOT WRITE IN THIS SPACE

FILED
07 FEB 14 AM 10:53
CLERK OF THE COURT
TALLAHASSEE, FLORIDA



02052007No Chg-LLC CR2E083 (11/05)

4. FEI Number 00-0076269	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

BALLA, SHEMZI
215 BAYSIDE DRIVE
CLEARWATER, FL 33767

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

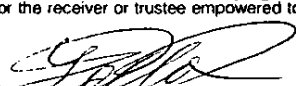
**Filing Fee is \$50.00
Due by May 1, 2007**

300088430693
02/15/07--01012--002 **250.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALLA, SHEMZI 215 BAYSIDE DRIVE CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PR 2/15</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/15/07** (727/743-3112)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #