

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000078030

1. Entity Name
O.P. DEVELOPMENT II, LLC



Principal Place of Business

4300 LEGENDARY DR
SUITE 204
DESTIN, FL 32541

Mailing Address

4300 LEGENDARY DR
SUITE 204
DESTIN, FL 32541



01262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1408348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, RICHARD
4300 LEGENDARY DR
SUITE 204
DESTIN, FL 32541

**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 reinstating)

DATE _____

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

U000000708682
04/24/07-80125-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	OLSON & ASSOCIATES OF NW FLORIDA, INC.
STREET ADDRESS	4300 LEGENDARY DR SUITE 204
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	
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CITY-ST-ZIP	

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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: _____

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

Date

Daytime Phone #

46-07 850-620-2858