

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091914

FILED
Feb 28, 2005
Secretary of State

Entity Name: OTOT, LLC

Current Principal Place of Business:

2204 WIDE REACH DR
ORANGE PARK, FL 32003

New Principal Place of Business:

Current Mailing Address:

147 FAIRWAY OAKS DR.
ORANGE PARK, FL 32003

New Mailing Address:

FEI Number: 20-2026532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOTH, MELISSA M
147 FAIRWAY OAKS DR.
ORANGE PARK, FL 32003 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/MEMBERS:

Title: MGRM () Delete
Name: DAVIDSON, CONSTANCE C
Address: 2204 WIDE REACH DR
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM () Delete
Name: BOOTH, MELISSA M
Address: 147 FAIRWAY OAKS DR.
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM (X) Delete
Name: DAVIDSON, STEPHEN
Address: 2204 WIDE REACH DR
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DAVIDSON, STEPHEN
Address: 2204 WIDE REACH DR
City-St-Zip: ORANGE PARK, FL 32003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHEN DAVIDSON

MGRM

02/28/2005

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