


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90048 038 ****50.00

DOCUMENT # L05000008543	
1. Entity Name OCT, LLC	

Principal Place of Business 4214 LAFAYETTE STREET MARIANNA FL 32446	Mailing Address 4214 LAFAYETTE STREET MARIANNA FL 32446
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2. Principal Place of Business - No P.O. Box # 3021 Auction Dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 916 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Marianna, Fl. 32446	City & State Marianna, Fl. 32447	4. FEI Number 20-2236852	Applied For <input type="checkbox"/> Not Applicable
Zip 32446	Country Jackson	Zip 32447	Country Jackson

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HINES, JAMES P. 315 S. HYDE PARK AVENUE TAMPA FL 33606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	D PFORTE, JOHN T 4214 LAFAYETTE ST MARIANNA FL 32446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-25-07 850-482-4601