

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000016360

1. Entity Name  
O-K WATERMAN, LLC



Principal Place of Business  
749 NORTH GARLAND AVENUE  
SUITE 101  
ORLANDO, FL 32801

Mailing Address  
749 NORTH GARLAND AVENUE  
SUITE 101  
ORLANDO, FL 32801



01152007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2992062	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**

KEATING, JOHN K  
749 NORTH GARLAND AVENUE  
SUITE 101  
ORLANDO, FL 32801

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEATING, JOHN K 749 NORTH GARLAND AVENUE, SUITE 101 ORLANDO, FL 32801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLSEN, OTTMAR W 1671 ASHLAND TRAIL OVIEDO, FL 32765
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U00000751551  
05/18/07-80107-019 50.00

**DO NOT WRITE  
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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 #

**APR 25 2007**