PENDING
05-19-2006 90169 005 ****50.00
07-27-2006 90080 039 ****50.00
FILED L05000041652
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 AUG -1 AM 9:40

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000041652

1. Entity Name
O.T.A.R. , LLC

Principal Place of Business	Mailing Address
4626 SUMMER OAK AVENUE EAST SARASOTA, FL 34243 US	4626 SUMMER OAK AVENUE EAST SARASOTA, FL 34243 US

06272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
305 56th Street		305 56th Street	
Suite, Apt. #, etc. Unit A		Suite, Apt. #, etc. Unit A	
City & State Holmes Beach, FL		City & State Holmes Beach, FL	
Zip 34217	Country USA	Zip 34217	Country USA

4. FEI Number 20-2810632 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAY, JIM
3984 SR 64 E
BRADENTON, FL 34208

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOTEN, ROBIN W ~~4626 SUMMER OAK AVE E~~ 305 56th St. #A ~~SARASOTA, FL 34243~~ Holmes Beach, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOTEN, KATHRYN J ~~4626 SUMMER OAK AVE E~~ 305 56th St. #A ~~SARASOTA, FL 34243~~ Holmes Beach, FL 34217 ☐ Delete 34217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 7/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #