

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048515

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: OTI, LLC

**Current Principal Place of Business:**

1301 RIVERPLACE BLVD.  
SUITE 1700  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1301 RIVERPLACE BLVD.  
SUITE 1700  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 20-2867893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WACHS, ALAN S  
1301 RIVERPLACE BLVD.  
SUITE 1700  
JACKSONVILLE, FL 32207 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAJALIA, MICHAEL M  
Address: 1301 RIVERPLACE BLVD., SUITE 1700  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM ( ) Delete  
Name: WACHS, ALAN S  
Address: 1301 RIVERPLACE BLVD., SUITE 1700  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM ( ) Delete  
Name: DRIVER, C. RAY  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM ( ) Delete  
Name: HASSAN, SALEM F  
Address: 10360 BEACH BLVD.  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: MGRM ( ) Delete  
Name: CASSEL, GEORGE  
Address: 12807 SAN JOSE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: MGRM ( ) Delete  
Name: BARLEY, DAVID P SR.  
Address: 4887 BELFORT ROAD, SUITE 201  
City-St-Zip: JACKSONVILLE, FL 32256 US

**ADDITIONS/CHANGES:**

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

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

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

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

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

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 Chapter 119, 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: DAVID P BARLEY, SR

MGRM

04/27/2006

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