## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000048515

Entity Name: OTI, LLC

FILED Feb 04, 2007 Secretary of State

Current Principal Place of Business:			Now Principal Place	New Principal Place of Business:	
		Dusilless.	New Fillicipal Flace	or Business.	
1301 RIVERPLACE BLVD. SUITE 1700					
	VILLE, FL 32207	US			
Current Mailing Address:			New Mailing Address:		
1301 RIVERPLACE BLVD. SUITE 1700 JACKSONVILLE, FL 32207 US					
FEI Number	: 20-2867893 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:	
WACHS, A	N AN S			-	
1301 RIVE	RPLACE BLVD.				
SUITE 170 JACKSON	00 VILLE, FL 32207	US			
The above in the State	named entity subre of Florida.	mits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic S	Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title:	MGRM () Dele	ete	Title:	( ) Change ( ) Addition	
Name:	BAJALIA, MICHAEL		Name:		
Address: City-St-Zip:	JACKSONVILLE, FL	BLVD., SUITE 1700 _ 32207 US	Address: City-St-Zip:		
Title:	MGRM () Dele	ete	Title:	( ) Change ( ) Addition	
Name:	WACHS, ALAN S	D11/D 01/177 4700	Name:		
Address: City-St-Zip:	JACKSONVILLE, FL	BLVD., SUITE 1700 _ 32207 US	Address: City-St-Zip:		
Title:	MGRM () Dele	ete	Title:	( ) Change ( ) Addition	
Name:	DRIVER, C. RAY		Name:	., .	
Address: City-St-Zip:	ONE INDEPENDENT JACKSONVILLE, FL	T DRIVE, SUITE 1200 _ 32202 US	Address: City-St-Zip:		
Title:	MGRM () Dele	ete	Title.	( ) Change ( ) Addition	
Name:	HASSAN, SALEM F		Name:	( )	
Address:	10360 BEACH BLV		Address:		
City-St-Zip:	JACKSONVILLE, FL	_ 32246 US	City-St-Zip:		
Title:	MGRM ( ) Delete		Title:	( ) Change ( ) Addition	
Name:	CASSEL, GEORGE		Name:		
Address: City-St-Zip:	12807 SAN JOSE B JACKSONVILLE, FL		Address: City-St-Zip:		
Title:	MGRM () Dele	ete	Title:	( ) Change ( ) Addition	
Name:	BARLEY, DAVID P S		Name:		
Address: City-St-Zip:	4887 BELFORT RO. JACKSONVILLE, FL	*	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 02/04/2007