

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048515

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: OTI, LLC

**Current Principal Place of Business:**

501 RIVERSIDE AVE. 7TH FLOOR  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 RIVERSIDE AVE. 7TH FLOOR  
JACKSONVILLE, FL 32202 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  
501 RIVERSIDE AVE. 7TH FLOOR  
JACKSONVILLE, FL 32202 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: 501 RIVERSIDE AVE. 7TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM ( ) Delete  
Name: WACHS, ALAN S  
Address: 501 RIVERSIDE AVE. 7TH FLOOR  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM ( ) Delete  
Name: ZENITH REAL ESTATE I, NVESTMENTS I, L LC  
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 & SONS ENTERP, RISES, LLC  
Address: 4651 SALISBURY RD., SUITE 330  
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 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

01/15/2009

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