


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000064972 1. Entity Name OCH FINANCE LLC	
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Principal Place of Business 212 S. MAGNOLIA AVE. TAMPA, FL 33602	Mailing Address 212 S. MAGNOLIA AVE. TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



04242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 52-2448265	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent TATE, MARK T 212 S. MAGNOLIA AVE. TAMPA, FL 33602
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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 _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	U000000941827 05/28/08-80120-025 138.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TATE, MARK T 212 SOUTH MAGNOLIA AVE TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE

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: <u>Mark T Tate</u>	Date: <u>4/30/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	