

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085801

Entity Name: OPTI TRUSS LLC

FILED
Feb 28, 2007
Secretary of State

Current Principal Place of Business:

15600 HICKORY LANE
CLERMONT, FL 34711 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 101
FRENDALE, FL 34729 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 32301 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: D () Delete
Name: DEESE, ARLAND
Address: 15600 HICKORY LANE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: DEESE, JUSTIN
Address: 1312 E. YOUNG STREET
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: LOCOCO, DAVID
Address: 3770 NE 19TH AVE.
City-St-Zip: OCALA, FL 34479

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:

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: ARLAND DEESE

D

02/28/2007

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