


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90071 034 ****50.00

DOCUMENT # L05000088377		
1. Entity Name OP 801, LLC		

Principal Place of Business 661 E. ALTAMONTE DRIVE, SUITE 325 ALTAMONTE SPRINGS, FL 32701-5103	Mailing Address 661 E. ALTAMONTE DRIVE, SUITE 325 ALTAMONTE SPRINGS, FL 32701-5103
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2. Principal Place of Business 421 S ATLANTIC AVE		3. Mailing Address 311 W SABAL PALM PL	
Suite, Apt. #, etc. Unit 801		Suite, Apt. #, etc.	
City & State New Smyrna Beach, FL		City & State Longwood FL	
Zip 32169	Country USA	Zip 32779	Country USA



07172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3431695	Applied For <input type="checkbox"/> 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 DAOUK, AYMAN A 661 E. ALTAMONTE DRIVE, SUITE 325 ALTAMONTE SPRINGS, FL 32701-5103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAOUK, AYMAN A 661 E. ALTAMONTE DRIVE, SUITE 325 ALTAMONTE SPRINGS, FL 327015103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAOUK, AYMAN A 311 W SABAL PALM PL Longwood FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **7/23/06** **(407) 303-5126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #