

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107958

Entity Name: OTA SERVICES, LLC

FILED  
Feb 28, 2007  
Secretary of State

**Current Principal Place of Business:**

3213 PAR ROAD  
SEBRING, FL 33872

**New Principal Place of Business:**

**Current Mailing Address:**

3213 PAR ROAD  
SEBRING, FL 33872

**New Mailing Address:**

PO BOX 7576  
SEBRING, FL 33872

FEI Number: 56-2205649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ABLES, CLIFFORD M III  
551 S. COMMERCE AVENUE  
SEBRING, FL 33870 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: KROMHOLZ, ALAN J  
Address: 3213 PAR ROAD  
City-St-Zip: SEBRING, FL 33872

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: KROMHOLZ, JOHN W  
Address: 2800 DIVOT ROAD  
City-St-Zip: SEBRING, FL 33872

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: JOHN W. KROMHOLZ

MGRM

02/28/2007

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