

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118746

FILED
Feb 18, 2007
Secretary of State

Entity Name: OTERO SISTERS, LLC

Current Principal Place of Business:

15309 LAKE MAURINE DRIVE
ODESSA, FL 33556 US

New Principal Place of Business:

10007 BRADWELL PLACE
TAMPA, FL 33626 US

Current Mailing Address:

15309 LAKE MAURINE DRIVE
ODESSA, FL 33556 US

New Mailing Address:

12157 W. LINEBAUGH AVENUE
PMB #142
TAMPA, FL 33626 US

FEI Number: 51-0562131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUNLAP, CLARISSA O
2109 MONTICELLO DRIVE
TALLAHASSEE, FL 32303 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: MGR () Delete
Name: DUNLAP, CLARISSA O
Address: 2109 MONTICELLO DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGR () Delete
Name: ROGERS, MICHELLE O
Address: 15309 LAKE MAURINE DRIVE
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: ROGERS, MICHELLE O
Address: 10007 BRADWELL PLACE
City-St-Zip: TAMPA, FL 33626 US

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: MICHELLE O ROGERS

MGR

02/18/2007

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