

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L06000045353

1. Entity Name
OTHER OPTIONS, L.L.C.



Principal Place of Business
1800 STATE ROAD 17 SOUTH
AVON PARK, FL 33825

Mailing Address
1800 STATE ROAD 17 SOUTH
AVON PARK, FL 33825



03152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4733283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRISON, JOSEPH A
3500 SOUTH FLORIDA AVE. SUITE 3
LAKE LAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHLEY, JILL P CPA 2856 CARRIE LN LAKE LAND, FL 33812
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04/03/08-80014-012 138.75

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: P. JILL ASHLEY **P. JILL ASHLEY** 3-15-08 863 446.1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #