2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

	A	NNUAL	KEPOK	I (AK)			ı				
DOCUMENT # L06000053602 1. Entity Name							FILED				
OFFICE 92 LLC							07 MAR 21 AM II: 24				
Principal Place of Business Mailing Address							'				
	WY. 92 WEST AVEN FL 338		P.O. BOX 1244 WINTER HAVEN FL 33882								
2. Principal P	Place of Busine	3. Mailing A	3. Mailing Address			·					
Suite, Apt.			Suite, Apt. #, etc.			1	st MOORE	CR2E083			
City & State				City & State			4. FEI Num	nber		No	plied For I Applicable
Zip	Country		Zip				5. Certificate of Status Desired				
	6. Name a	and Address of Curre	ent Registered Ag	ent		Name	7. Name a	nd Address of New	Registered /	Agent	
QUINN, EVAN B 2700 US HWY. 92 WEST WINTER HAVEN FL 33881-9157						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Code	2
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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007											
9.		MANAGING MEM	IBERS/MANAGER	is .	10.			ADDITIONS	S/CHANGES		
TITLE NAME STREET ADDRESS	MGR QUINN, EVAN B P.O. BOX 1244 Delete IIII NAM STR					ADDRESS		: 00095 ! 95/070104:		□ Change 〒⊑ **200.0	☐ Addition
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TITLE. NAME STREET ADDRESS CITY-SI-ZIP				□ Delete	TITLE NAME STREET / CHY-ST	ADDRESS - ZIP				Change	☐ Addition
NAME STREET ADDRESS CITY+ST-ZIP			1	Deleie	TITLE NAME STREET CITY-ST	ADDRESS	13/3/	21		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Defete	TITLE NAME STREET /					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delele	TITLE NAME STREET / CITY-ST	ADDRESS				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Delete	TITLE NAME STREET /	ADDRESS				☐ Change	☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 3.7-07 863-413-4341 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Disputise Priors #											