2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90354 044 ****50.00

DOCUMENT # L06000055832 1. Entity Name OT VENTURES, LLC							05-02-2007	90354 ()44 ****5	0.00
Principal Place of Business Mailing Address						6004	9951			
5401 EVORA AVENUE			5401 EVORA AVENUE			4000	· ·			
SARASOTA, F	L 34235		SARASOTA, FL 34235							
2. Principal Pl	lace of Busin	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04032007	Chg-LLC	CR2EC	083 (12/06)	
City & State			City & State		4. FEI Numbe	m-49 5	995C	AF	plied For	
Zip Country		Zip Coun		try	\$5.00 Additional			. ,		
		,				5. Certificate	of Status Desired		Fee Require	
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered .	Agent	
TELLEZ, C	RLANDO)								
5401 EVORA AVENUE SARASOTA, FL 34235					Street Address (P.O. Box Number is Not Acceptable)					
SARASOI	A, FL 342	235								
					City			FL	Zip Cod	e
9. The above	damed entit	y submits this statement f	or the nurroose of chang	ing its register	ad office or regi	istered agent, or bot	h in the State of Flo		familiar with	and accept
	ions of regist		or the purpose of charing	, g no regioner	or omeo or reg.	, o.				
SIGNATURE .	Pignetura tunad	for printed name of registered ager	s and bile if anakeable	(NOTE: Panielara	d Anant eigneburg reg	quired when reinstating)		DATE		
	Signature, typeo	TO DITION TRAINS OF TOURS OF AGE	a and site ii apparation	(NOTE, riegistate	u Agent agrature roc	QUIDO WISH TOHISLERING!		DATE		
Filing Fee is \$50.00 Due by May 1, 2007							Mak	e check r	payable to	
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9.	ue by Ma	y 1, 2007		10.				Departm	ent of State	B .
	MGR	y 1, 2007 MANAGING MEMB			· · · · · · · · · · · · · · · · · · ·		Florida	Departm	ent of State	Addition
9. TITLE NAME	MGR TELLEZ,	MANAGING MEMB	ERS/MANAGERS	TITLI NAM	E		Florida	Departm	ent of State	-
9. TITLE	MGR TELLEZ, 5401 EVO	MANAGING MEME ORLANDO DRA AVENUE	ERS/MANAGERS	NAM STRE			Florida	Departm	ent of State	-
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #