## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT #L06000068692** 1. Entity Name 03-06-2007 90073 015 \*\*\*\*50.00 ONE OPTION INVESTMENTS, L.L.C. Principal Place of Business Malling Address 3910 SW 27 STREET 3910 SW 27 STREET WEST PARK, FL 33023 WEST PARK, FL 33023 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-521287 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWNLEE, DONALD A JR. Street Address (P.O. Box Number is Not Acceptable) 3910 SW 27 STREET WEST PARK, FL 33023 City Zip Code 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 Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MLE Delete TILLE ☐ Change ■ Addition BROWNLEE, DONALD A JR. NAME MALIF STREET ADDRESS 3910 SW 27 STREET STREET ADDRESS WEST PARK, FL 33023 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete III F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TIFLE Delete MILE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTD F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 adcurate and that my signature shall have the same legal effect as if made under ceth; that I am a managing member or manager of the limited liability company or the receiver or pustee empowered to execute this report as required by Chapter 608, Florida Statutes. <u>row</u>slee ÓUU Manages SIGNATURE:

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Mar 06, 2007 8:00 am