


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L06000082884 1. Entity Name KATIE O, LLC |  |
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|---|---|
| Principal Place of Business 1701 SW 14TH AVENUE FORT LAUDERDALE, FL 33315 | Mailing Address 1701 SW 14TH AVENUE FORT LAUDERDALE, FL 33315 |
|---|---|

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04212008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-5485695 | 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

RAYMOND, JOHN J JR
BUTZEL LONG, P.C.
SUITE 420, 1200 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33432

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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 O'SULLIVAN, KATIE 1701 SW 14TH AVENUE FORT LAUDERDALE, FL 33315 |
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U00000917186
05/13/08-80030-014 138.75

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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: *Katie O'Sullivan* *4/21/08 984-638-9118*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #