

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007303

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** THE THEODORE O'CONNOR SYNDICATE LLC

**Current Principal Place of Business:**

10565 SE 29TH AVENUE  
OCALA, FL 34480 US

**New Principal Place of Business:**

**Current Mailing Address:**

10565 SE 29TH AVENUE  
OCALA, FL 34480 US

**New Mailing Address:**

**FEI Number:** 56-2642834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSTON, MARTHA ESQ.  
403 NE 2ND STREET  
OCALA, FL 34470 US

**Name and Address of New Registered Agent:**

NORMAN, P. WYNN  
10565 SE 29TH AVE  
OCALA, FL 34480 US

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.

SIGNATURE: P. WYNN NORMAN

01/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NORMAN, P. WYNN  
Address: 10565 SE 29TH AVENUE  
City-St-Zip: OCALA, FL 34480 US

Title: MGRM ( ) Delete  
Name: O'CONNOR, KAREN  
Address: 6725 NW 100TH STREET  
City-St-Zip: OCALA, FL 34482 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 WYNN NORMAN

MGRM

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date