

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-05-2008 90208 023 ***138.75

DOCUMENT # L07000054040 1. Entity Name OZER BROS LLC			
Principal Place of Business 4902 WEST RIO VISTA AVE SUITE#B TAMPA, FL 33634		Mailing Address 4902 WEST RIO VISTA AVE SUITE#B TAMPA, FL 33634	
2. Principal Place of Business - No P.O. Box # 4900-D W RIO VISTA AVE		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. TAMPA FL		Suite, Apt. #, etc. TAMPA FL	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33634		Zip 33634	
Country USA		Country USA	
6. Name and Address of Current Registered Agent OZER, OMER 9024 SHELDON CHASE DR TAMPA, FL 33635		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <small>Signature, typed or printed name of Registered Agent and title if applicable.</small>		DATE 02-29-08	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OZER, OMER 9024 SHELDON CHASE DR TAMPA, FL 33635	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OZER, UGUR 9024 SHELDON CHASE DR TAMPA, FL 33634	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 02-29-08	
DAYTIME PHONE # 813-885-6900		DATE 02-29-08	