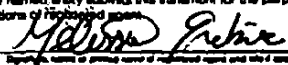


FILED
Jun 30, 2008 8:00 am
Secretary of State

04-10-2008 90130 048 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000097939			
1. Entity Name OI CITY LLC			
Principal Place of Business 909 AVOCADO ISLE FORT LAUDERDALE, FL 33315		Mailing Address 909 AVOCADO ISLE FORT LAUDERDALE, FL 33315	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRABIEC, MELISSA M 909 AVOCADO ISLE FORT LAUDERDALE, FL 33315		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 the registered agent.			
SIGNATURE: 		Date: _____	
FILE MONTHLY FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		11. Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
ADDITIONS/CHANGES			
10. MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
MANAGING MEMBER/MANAGER MELISSA M GRABIEC 909 AVOCADO ISLE FORT LAUDERDALE, FL 33315		Change Addition	
Change Addition		Change Addition	
Change Addition		Change Addition	
Change Addition		Change Addition	
Change Addition		Change Addition	
Change Addition		Change Addition	
Change Addition		Change Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 person or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 4/7/08 954.479.7567	