

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003029

FILED  
Jul 14, 2004  
Secretary of State

Entity Name: OTABO, L.L.C.

**Current Principal Place of Business:**

3021 NW 25TH AVENUE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3021 NW 25TH AVENUE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

FEI Number: 65-0879301

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAFFER, HOWARD  
3021 NW 25TH AVENUE  
POMPANO BEACH, FL 33069

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

SHAFFER, HOWARD L  
3021 NW 25TH AVENUE  
POMPANO BEACH, FL 33069

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: HOWARD L SHAFFER

07/14/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SHAFFER, HOWARD  
Address: 3021 NW 25TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM ( ) Delete  
Name: SHAFFER, JENNIFER  
Address: 3021 NW 25TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: SHAFFER, JENNIFER C  
Address: 3021 NW 25TH AVENUE  
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JENNIFER SHAFFER

MGRM

07/14/2004

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