

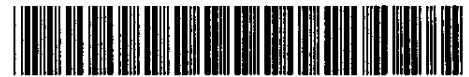
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90022 046 ****55.00

| | | | |
|---|--|---|---|
| DOCUMENT # L99000009033 1. Entity Name THE OPT REAL ESTATE, LLC | | | |
| Principal Place of Business 18700 LAKE IOLA ROAD DADE CITY FL 33523 | | Mailing Address 18700 LAKE IOLA ROAD DADE CITY FL 33523 | |
| 2. Principal Place of Business 18700 LAKE IOLA Rd Suite, Apt. #, etc. | | 3. Mailing Address SAME Suite, Apt. #, etc. | |
| City & State Dade City, FL Zip 33523 | | City & State FL Zip 33523 | |
| Country USA | | Country | |
| 4. FEI Number 59-3747290 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent POTTBERG, CLIFTON 18700 LAKE IOLA ROAD DADE CITY FL 33523 | | 7. Name and Address of New Registered Agent Name N/A 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 X Clifton Pottberg CLIFTON POTTBERG 4/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR POTTBERG, CLIFTON 18700 LAKE IOLA ROAD DADE CITY FL 33523 <input type="checkbox"/> Delete | 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 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 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: X Clifton Pottberg CLIFTON POTTBERG 4/20/04 (352) 588-3300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | |

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MOORE CR2E083 (11/03)