2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90012 041 ****55.00

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07062004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M03000001159

1. Entity Name
OPTIM EXPLORATION, LLC

Principal Place of Business
5298 MEDORAS AVENUE
ST AUGUSTINE, FL 32080

Mailing Address
5298 MEDORAS AVENUE
ST AUGUSTINE, FL 32080

2. Principal Place of Business: 5030 Serry Lane
Suite, Apt. #, etc.: 4
City & State: Pace, FL
Zip: 32571 Country: Santa Rosa

3. Mailing Address: 5030 Serry Lane
Suite, Apt. #, etc.:
City & State: Pace, FL
Zip: 32571 Country: Santa Rosa

4. FEI Number: 61-1393782 — Applied For / Not Applicable

5. Certificate of Status Desired: ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WALKER, TIM
5298 MEDORAS AVE
ST AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent
Name: Walker, Jim
Street Address (P.O. Box Number is Not Acceptable): 5030 Serry Lane
City: Pace FL Zip Code: 32571

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	WALKER, INGRID	NAME	Walker, Ingrid
STREET ADDRESS	5298 MEDORAS AVENUE	STREET ADDRESS	5030 Serry Lane
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	CITY-ST-ZIP	Pace, FL 32571
TITLE	MGR ☐ Delete	TITLE	MGR ☒ Change ☐ Addition
NAME	WALKER, TIM	NAME	Walker, Tim
STREET ADDRESS	5298 MEDORAS AVENUE	STREET ADDRESS	5030 Serry Lane
CITY-ST-ZIP	ST AUGUSTINE, FL 32080	CITY-ST-ZIP	Pace, FL 32571
TITLE	☐ Delete	TITLE	MGR ☐ Change ☒ Addition
NAME		NAME	Walker, Alan
STREET ADDRESS		STREET ADDRESS	5030 Serry Lane
CITY-ST-ZIP		CITY-ST-ZIP	Pace, FL 32571
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Tim Walker — Tim Walker — 7-6-04 — 850-994-3845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #