

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002572

Entity Name: OPTIONS UNIVERSITY, LLC

FILED
Aug 28, 2006
Secretary of State

Current Principal Place of Business:

1698 SW 16TH ST
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

1698 SW 16TH ST
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 20-0480479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FOGLE, BRETT J
1698 SW 16TH ST
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

BRETT, FOGLE J
1698 SW 16TH ST
BOCA RATON, FL 33486 US

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: BRETT J FOGLE

08/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOGLE, BRETT
Address: 1698 SW 16TH ST
City-St-Zip: BOCA RATON, FL 33486

Title: MBR () Delete
Name: IANIERI, RONALD
Address: 6 CARROLL COURT
City-St-Zip: SICKLERVILLE, NJ 08081

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRETT J FOGLE TRUST, DATED JUNE 16, 2006
Address: 1698 SW 16TH ST
City-St-Zip: BOCA RATON, FL 33486

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRETT J FOGLE TRUSTEE BRETT J FOGLE TRUST

MR

08/28/2006

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