


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90119 032 \*\*\*\*50.00

**DOCUMENT # M04000003346**

1. Entity Name  
**O.K. TECHNOLOGIES, LLC**



Principal Place of Business  
**228 WEST MARKET STREET  
 GREENSBORO, NC 27401**

Mailing Address  
**228 WEST MARKET STREET  
 GREENSBORO, NC 27401**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-0232840**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

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 registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee Is \$50.00  
 Due by May 1, 2005**

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGRM**  Delete  
 NAME **KAPLAN, LEONARD J**  
 STREET ADDRESS **445 DOLLEY MADISON RD., SUITE 208**  
 CITY-ST-ZIP **GREENSBORO, NC 27408**

TITLE **MGRM**  Delete  
 NAME **MESCHAN, DAVID F**  
 STREET ADDRESS **228 WEST MARKET ST.**  
 CITY-ST-ZIP **GREENSBORO, NC 27401**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**10. ADDITIONS/CHANGES**

TITLE **MGRM**  Change  Addition  
 NAME **Olivier, Laurent R.**  
 STREET ADDRESS **704 N. 39th St., Ste. 120**  
 CITY-ST-ZIP **Ft. Pierce, FL 34947**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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: David F. Meschan Date 3-21-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #