

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007386

Entity Name: O.A.R. ENTERPRISES LLC

FILED  
Jan 16, 2009  
Secretary of State

## Current Principal Place of Business:

95 SOUTH FEDERAL HWY STE 200  
BOCA RATON, FL 33432

## New Principal Place of Business:

95 SOUTH FEDERAL HWY  
SUITE 200  
BOCA RATON, FL 33432

## Current Mailing Address:

95 SOUTH FEDERAL HWY STE 200  
BOCA RATON, FL 33432

## New Mailing Address:

95 SOUTH FEDERAL HWY  
SUITE 200  
BOCA RATON, FL 33432

FEI Number: 37-1376021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RICHARDSON, CHRISTOPHER  
95 SOUTH FEDERAL HWY STE 200  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RICHARDSON, KENNETH  
Address: 95 SOUTH FEDERAL HWY STE 200  
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete  
Name: ANNECCA, MICHAEL  
Address: 95 SOUTH FEDERAL HWY STE 200  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH RICHARDSON

MGR

01/16/2009

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