

2<sup>nd</sup> and  
**FINAL NOTICE:** File on or before Sept. 29, 1999 or Limited Liability Company  
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---

**FILED**

99 JUL 28 AM 9:31

W 7/30

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
**\$ 588.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # Z00160**

OTTER TRACE, L.C.  
P.O. BOX 129  
COCOA FL 32923-0129

1a. Principal Place of Business Address

535 DELANNOY AVE.  
COCOA FL 32922

2 Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

12/19/1989

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

59-3053162

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

04/03/1998

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

HARRIS, DEWEY L  
490 GREENVIEW RD.  
MERRITT ISLAND FL 32952

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	IMHOOF, CLAUDE	1615 NEWFOUND HARBOR DRIVE	MERRITT ISLAND FL
MEM	IMHOOF, MARLISE	1615 NEWFOUND HARBOR DRIVE	MERRITT ISLAND FL
MGR	HARRIS, DEWEY	490 GREENVIEW ROAD	MERRITT ISLAND FL
MEM	HAMILTON, IRENE	1550 CHASE HAMMOCK ROAD	MERRITT ISLAND FL

200002949172--5  
-08/03/99--01066--007  
\*\*\*\*588.75 \*\*\*\*588.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-26-99 (407) 636-0426

Date

Daytime Phone #