

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000049529

**Entity Name:** LK OTF 1 LLC

**Current Principal Place of Business:**

1815 CORDOVA ROAD  
SUITE 206  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

1815 CORDOVA ROAD  
SUITE 206  
FORT LAUDERDALE, FL 33316

**FEI Number:** 46-2500084

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LONG, DAVID  
1815 CORDOVA ROAD  
SUITE 206  
FORT LAUDERDALE, FL 33316 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                              |                 |                              |
|-----------------|------------------------------|-----------------|------------------------------|
| Title           | MGRM                         | Title           | MGRM                         |
| Name            | LONG, DAVID                  | Name            | KERN, JEROME                 |
| Address         | 1815 CORDOVA ROAD, SUITE 206 | Address         | 1815 CORDOVA ROAD, SUITE 206 |
| City-State-Zip: | FORT LAUDERDALE FL 33316     | City-State-Zip: | FORT LAUDERDALE FL 33316     |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LONG , DAVID

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date