

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000086161

Entity Name: OBU ENTERPRISES, LLC

FILED  
Apr 08, 2009  
Secretary of State

**Current Principal Place of Business:**

285 HARBOR BOULEVARD  
SUITE A  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

136 WESTCHESTER DRIVE  
LAFAYETTE, LA 70506 US

**New Mailing Address:**

19603 GOLDEN FLAME CRT  
HOUSTON, TX 77094 US

FEI Number: 26-3323834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DOWD, JOHN R JR.  
285 HARBOR BOULEVARD  
SUITE A  
DESTIN, FL 32541 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: MGRM ( ) Delete  
Name: WENZEL, JEROME F  
Address: 136 WESCHESTER DRIVE  
City-St-Zip: LAFAYETTE, LA 70506 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FEHR, DOUGLAS W  
Address: 19603 GOLDEN FLAME CRT  
City-St-Zip: HOUSTON, TX 77094 US

Title: MGRM ( ) Change (X) Addition  
Name: FEHR, WENDY L  
Address: 19603 GOLDEN FLAME CRT  
City-St-Zip: HOUSTON, TX 77094 US

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: DOUGLAS W. FEHR

MGRM

04/08/2009

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