


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90202 036 \*\*\*\*50.00

<b>DOCUMENT # L00000003313</b> 1. Entity Name <b>LOBELLO-FESSLER INVESTMENTS, L.L.C.</b>																													
Principal Place of Business <b>620 N.W. 35TH STREET BOCA RATON, FL 33431</b>			Mailing Address <b>620 N.W. 35TH STREET BOCA RATON, FL 33431</b>																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
Country		Country																											
<div style="display: flex; justify-content: space-between;"> <span>01302007    Chg-LLC    CR2E083 (12/06)</span> </div>																													
4. FEI Number <b>65-1006198</b>				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>LOBELLO, PETER 620 N.W. 35TH ST. BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent Name <b>LOBELLO, Peter</b> Street Address (P.O. Box Number is Not Acceptable) <b>5624 N.W. 23rd Ter</b> City <b>BOCA RATON, FL 33496</b>																										
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 _____																													
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																											
<div style="display: flex;"> <div style="flex: 1;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOBELLO, PETER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>620 N.W. 35TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FESSLER, ROBERT G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>620 N.W. 35TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33431</td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	LOBELLO, PETER		STREET ADDRESS	620 N.W. 35TH STREET		CITY-ST-ZIP	BOCA RATON, FL 33431		TITLE	MGR	<input type="checkbox"/> Delete	NAME	FESSLER, ROBERT G		STREET ADDRESS	620 N.W. 35TH STREET		CITY-ST-ZIP	BOCA RATON, FL 33431	
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>																													
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <i>Peter Lobello</i> </div> <div> <b>561-703-1781</b> </div> </div>																													
<div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> <small>Date</small> </div> <div> <small>Daytime Phone #</small> </div> </div>																													