

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90064 006 ****50.00

DOCUMENT # L00000006021

1. Entity Name
LOBEGO INVESTMENTS, LLC



Principal Place of Business
**1870 MASON AVE
DAYTONA BEACH, FL 32117**

Mailing Address
**PO BOX 9425
DAYTONA BEACH, FL 32120**



2. Principal Place of Business
800 S. Nova Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite R

City & State

City & State

Ormond Beach FL

Zip

Country

Zip

Country

32174

USA

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1010296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORNT0, L. A JR.ESQ.
149 S. RIDGEWOOD AVENUE, SUITE 550
DAYTONA BEACH, FL 32114**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOEBEL, TOMAS E TRUSTEE
1870 MASON AVENUE
DAYTONA BEACH, FL 32117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LOEBEL, CYNTHIA
1870 MASON AVE
DAYTONA BEACH, FL 32117** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-11-06

Date

386 274 5551

Daytime Phone #