
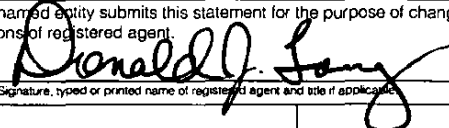
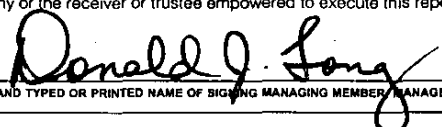


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90141 025 ****50.00

DOCUMENT # L01000006777 1. Entity Name NEW OFFICE BUSINESS SYSTEMS, LLC					
Principal Place of Business 569 NORTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462			Mailing Address 317 RIVEREDGE BOULEVARD COCOA, FL 32922		
2. Principal Place of Business 317 Riveredge Blvd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Cocoa, FL 32922		City & State Suite, Apt. #, etc.		4. FEI Number 65-1118071	
Zip Cocoa, FL 32922		Country Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOLEY, PATRICK J 569 NORTH COUNTRY CLUB DRIVE ATLANTIS, FL 33462			7. Name and Address of New Registered Agent Name Donald J. Long Street Address (P.O. Box Number is Not Acceptable) 317 Riveredge Blvd. City Cocoa State FL Zip Code 32922		
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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR LONG, DONALD J 520 JILLOTUS ST MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOLEY, PATRICK J 569 N COUNTRY CLUB DR ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOLEY, PATRICK J 569 N COUNTRY CLUB DR ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOLEY, PATRICK J 569 N COUNTRY CLUB DR ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOLEY, PATRICK J 569 N COUNTRY CLUB DR ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOLEY, PATRICK J 569 N COUNTRY CLUB DR ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOLEY, PATRICK J 569 N COUNTRY CLUB DR ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
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					

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01062006 Chg-LLC CR2E083 (11/05)