

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90029 049 \*\*\*\*50.00

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # L02000016914</b>   |   |   |  |    |  |
| <b>1. Entity Name</b><br>O'BRIAN, LLC  |   |   |  |   |  |
| <b>Principal Place of Business</b><br>618 NW 60TH ST.<br>GAINESVILLE, FL 32607   |   |   | <b>Mailing Address</b><br>618 NW 60TH ST.<br>GAINESVILLE, FL 32607 |   |  |
| <b>2. Principal Place of Business</b><br>100 SW 75 <sup>th</sup> Street<br>Suite, Apt. #, etc.<br>Ste 205<br>City & State<br>Gainesville, FL<br>Zip<br>32607<br>Country<br>US  |   | <b>3. Mailing Address</b><br>100 SW 75 <sup>th</sup> Street<br>Suite, Apt. #, etc.<br>Ste 205<br>City & State<br>Gainesville, FL<br>Zip<br>32607<br>Country<br>US |  |   |  |
| 03242005    Chg-LLC    CR2E083 (10/03)   |   | <b>4. FEI Number</b><br>51-0419069  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |   |  | <b>6. Name and Address of Current Registered Agent</b><br>PUGH, MERRILL<br>3901 SW 20TH AVE. #901<br>GAINESVILLE, FL 32607  |  |
| <b>7. Name and Address of New Registered Agent</b><br>Name: Pugh, Merrill<br>Street Address (P.O. Box Number is Not Acceptable): 100 SW 75 <sup>th</sup> Street<br>Suite: Ste 205<br>City: Gainesville    FL    Zip Code: 32607  |   |   |  | <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.</b><br>SIGNATURE:  DATE: 4/18/05<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   | <b>10. ADDITIONS/CHANGES</b>                                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PUGH, MERRILL L<br>618 NW 60TH ST.<br>GAINESVILLE, FL 32607 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | MGRM<br>PUGH, MERRILL<br>100 SW 75 <sup>th</sup> Street Ste 205<br>Gainesville, FL 32607  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> |   |   |  |   |  |
| <b>SIGNATURE:</b>   |   |   | Date: 4/18/05    Daytime Phone #: 352-331-3343                     |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |   |   |  |   |  |