

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020034

FILED  
Jun 07, 2005  
Secretary of State

Entity Name: KOBIE ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

10800 BISCAYNE BLVD  
SUITE 700  
MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

10800 BISCAYNE BLVD.  
SUITE 700  
MIAMI, FL 33161 US

**New Mailing Address:**

FEI Number: 74-3061507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CHERNYS, GRISELLE  
10800 BISCAYNE BLVD.  
SUITE 700  
MIAMI, FL 33161 US

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: MGR ( ) Delete  
Name: CHERNYS, LEONARD  
Address: 10800 BISCAYNE BLVD SUITE 700  
City-St-Zip: MIAMI, FL 33161

Title: MGR ( ) Delete  
Name: CHERNYS, GRISELLE  
Address: 10800 BISCAYNE BLVD SUITE 700  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GRISELLE CHERNYS

MGR

06/07/2005

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