

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90141 003 ****50.00

DOCUMENT # L02000028760

1. Entity Name
BUSINESS OBJECT, LLC



Principal Place of Business
18090 COLLINS AVE.
SUITE 85
SUNNY ISLES, FL 33160

Mailing Address
3703 166 STREET
APT. 205
MIAMI, FL 33160

2. Principal Place of Business

16850-112 COLLINS AV.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 276

Suite, Apt. #, etc.

City & State

SUNNY ISLE, FL

City & State

Zip

33160

Country

DADE

Zip

Country

06142004 Chg-LLC CR2E083 (10/03)

4. FEI Number 22-3881588
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBIN, JULIO D
3703 166 STREET
APT. 205
MIAMI, FL 33160

7. Name and Address of New Registered Agent

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 renewing)

7/12/04.

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DUBIN, DANIEL J
STREET ADDRESS 3703 166 STREET, APT. 205
CITY-ST-ZIP MIAMI, FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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.

SIGNATURE:

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

MGRM.

Date

Daytime Phone #

7/12/04 (305) 7889909