

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90037 022 ****50.00

20019779



DOCUMENT # L02000028760 1. Entity Name BUSINESS OBJECT, LLC					
Principal Place of Business 16850-112 COLLINS AVE SUITE 276 SUNNY ISLES, FL 33160			Mailing Address 3703 166 STREET APT. 205 MIAMI, FL 33160		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 201 180 DR APT. 410 SUNNY ISLES, FL 33160 DADE			
4. FEI Number 22-3881588			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			03032005 Chg-LLC CR2E083 (10/03)		
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 DUBIN JULIO DANIEL Street Address (P.O. Box Number is Not Acceptable) 201 180 DR APT 410 City SUNNY ISLES FL Zip Code 33160		
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 3/3/05 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBIN, DANIEL J 3703 166 STREET, APT. 205 MIAMI, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUBIN, JULIO DANIEL 201 180 DR APT 410 SUNNY ISLES FL 33160
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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:			Date 3/3/05 Daytime Phone #		