2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000028760

FILED
Apr 25, 2007 8:00 am
Secretary of State
04 25 2007 00025 029 ****50 00

1. Entity Name BUSINESS OBJECT, LLC

					- CO TT						
Principal Place	e of Business		Mailing Address			60040163					
16850-112 COLLINS AVE			201 180 DRIVE					0004010	,		
SUITE 276 SUNNY ISLES, FL 33160			APT. 410 Sunny Isles, FL 33160								
SUMMY ISLES, PL 33 TOU			2014141 13EE3, FE 33 10	00		ļ					TB: 11 1 E
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01072007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State				4. FEI Number Applied For 22-3881588 Not Applicable				
Zip Country			Zip Country				5. Certificate of Status Desired \$5.00 Additional Fee Required				
	6. Name	and Address of Current	egistered Agent				7. Name and Address of New Registered Agent				
DUBIN, JU			Name			-					
201 180 D			Street Address (dress (I	(P.O. Box Number is Not Acceptable)				
			City							■ Zip Cod	
									F	<u> </u>	
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 reinstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2007										payable to ment of Stat	e"
9. MANAGING MEMBE			RS/MANAGERS	10.			_	ADDITIONS	S/CHANGI		
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NAME	DUBIN, D	ANIEL J		NAM	1E						
STREET ADDRESS 201 180 DRIVE #410				EET ADDRESS							
CITY-ST-ZIP SUNNY ISLES, FL 33160			CITY-SI-ZIP								
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11. I hereby certify that the information supplied with this filling 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 signal are 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 true for a property and 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

Date

Daytime Phone #