


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90156 047 ****50.00

DOCUMENT # L03000006328

1. Entity Name
COBALT LLC



Principal Place of Business
**10100 WEST SAMPLE ROAD, SUITE 405
 CORAL SPRINGS, FL 33065**

Mailing Address
**701 BRICKELL AVENUE
 SUITE #3000
 MIAMI, FL 33131**

2. Principal Place of Business


3. Mailing Address
10100 West Sample Road

Suite, Apt. #, etc.
Suite #405

City & State
Coral Springs, FL

Zip
33065

Country



02282005 Chg-LLC CR2E083 (10/03)

4. FEI Number
56-2344125

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
 701 BRICKELL AVE., SUITE 3000
 MIAMI, FL 33131**

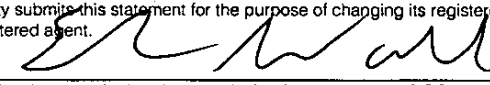
7. Name and Address of New Registered Agent

Name
Enda Walsh

Street Address (P.O. Box Number is Not Acceptable)
**10100 West Sample Road
 Suite #405**

City
Coral Springs **FL** Zip **33065**

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 **MAR 25 2005**

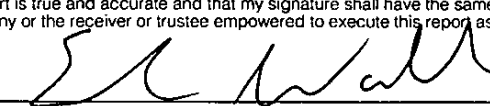
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR WALSH, ENDA 10100 W. SAMPLE ROAD #405 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **MAR 25, 2005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #