2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006328

Entity Name: COBALT LLC

FILED Aug 01, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|------------------------------------|
| Cullent Finicipal Flace Of Business. | New Fillicipal Flace Of Dusiliess. |

550 BILTMORE WAY SUITE 730 550 BILTMORE WAY SUITE 730 CORAL GABLES, FL 33134

SUITE 730 CORAL GABLES, FL 33134

Current Mailing Address: New Mailing Address:

550 BILTMORE WAY SUITE 730 550 BILTMORE WAY SUITE 730 CORAL GABLES, FL 33134 SUITE 730

CORAL GABLES, FL 33134

FEI Number: 56-2344125 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:

WALSH, ENDA WALSH, ENDA MR 10100 WEST SAMPLE ROAD 550 BILTMORE WAY **SUITE #405** SUITE 730

CORAL SPRINGS, FL 33065 US CORAL GABLES, FL 33134 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: ENDA WALSH 08/01/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition WALSH, ENDA WALSH, ENDA Name: Name:

Address: 10100 W. SAMPLE ROAD #405 Address: 550 BILTMORE WAY, SUITE 730 City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL GABLES, FL 33134

Title: Title: () Change (X) Addition () Delete Name: Name: MURPHY, THOMAS MR.

Address: Address: 550 BILTMORE WAY, SUITE 730 City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete Title: MGR () Change (X) Addition

BOS, COENRAD MR Name: Name: 550 BILTMORE WAY, SUITE 730 Address: Address: City-St-Zip: City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ENDA WALSH 08/01/2006