

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009350				Secretary of State	
1. Entity Name OBR DEVELOPMENT, LLC					
Principal Place of Business 4833 COLLINS AVENUE SUITE 1714 MIAMI BEACH, FL 33140		Mailing Address 4833 COLLINS AVENUE SUITE 1714 MIAMI BEACH, FL 33140			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 04-3748159	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	P MURRAY, JACQUES G 4837 COLLINS AVE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURRAY, JEAN-JACQUES 4833 COLLINS AVE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000258028 ☐ Change ☐ Addition 03/10/05-80027-005 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMMANUEL, SEBORG 4833 COLLINS AVE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: <u>William Bailey</u> <u>William Bailey</u> <u>02/14/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					