

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022899

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** FVOB, LLC

**Current Principal Place of Business:**

13663 DEERING BAY DRIVE  
CORAL GABLES, FL 33158

**New Principal Place of Business:**

8700 WEST FLAGLER STREET  
SUITE # 260  
MIAMI, FL 33174

**Current Mailing Address:**

13663 DEERING BAY DRIVE  
CORAL GABLES, FL 33158

**New Mailing Address:**

8700 WEST FLAGLER STREET  
SUITE # 260  
MIAMI, FL 33174

FEI Number: 20-0069266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VELEZ, MARIA C  
35 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VARGAS, MAYRA  
Address: 13663 DEERING BAY DR.  
City-St-Zip: CORAL GABLES, FL 33158

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VARGAS, MAYRA  
Address: 8700 WEST FLAGLER STREET  
City-St-Zip: MIAMI, FL 33174

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: MAYRA VARGAS

MGRM

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date