


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -5 AM 8:56

| | | | | | |
|--|---|--|---|--|--------------------------------------|
| DOCUMENT # L03000022899 | | | |  | |
| 1. Entity Name FVOB, LLC | | | | | |
| Principal Place of Business 8700 WEST FLAGLER STREET SUITE # 260 MIAMI, FL 33174 | | | Mailing Address 8700 WEST FLAGLER STREET SUITE # 260 MIAMI, FL 33174 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-0069266 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent VELEZ, MARIA C 36 ALMERIA AVENUE CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name <u>Jalder Buitrago</u> Street Address (P.O. Box Number is Not Acceptable) <u>8700 West Flagler St. #260</u> City <u>Miami</u> FL Zip Code <u>33174</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 <u>[Signature]</u> DATE <u>11/28/06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Amended AR is \$50.00 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM VARGAS MAYRA 8700 WEST FLAGLER STREET MIAMI, FL 33174 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>MGR</u> <u>Buitrago, Maria</u> <u>8700 West Flagler St. Ste 260</u> <u>Miami, FL 33174</u> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>300082263643</u> <u>12/04/06--01056--022 **50.00</u> | |
| 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 | |
| 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 exemptions contained in Chapter 119, 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>[Signature]</u> | | | Date: <u>11-28-06</u> | | Daytime Phone #: <u>305-480-8066</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |