

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000035617

1. Entity Name  
OBO, LLC



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR -1 AM 11:17

Principal Place of Business Mailing Address  
840 W. NEW YORK AVE., STE. D 840 W. NEW YORK AVE., STE. D  
DELAND, FL 32720 DELAND, FL 32720

505 E. New York Ave Ste 8 32724

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03012004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
56-2401955

Applied For  
Not Applicable

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

COOK, RICHARD R  
840 W. NEW YORK AVE., STE. D  
DELAND, FL 32720

505 E. New York Ave Ste 8  
32724

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME COOK, RICHARD R  
STREET ADDRESS 840 W. NEW YORK AVE., STE. D  
CITY-ST-ZIP DELAND, FL 32720

TITLE Agent/Member ☐ Delete  
NAME Charles Wheeler  
STREET ADDRESS 1642 LAHAINA CT  
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 505 E NY Ave Ste 8  
CITY-ST-ZIP 32724

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900029808959  
CITY-ST-ZIP 03/03/04--01039--030 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/1/04