

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035617

FILED
Apr 26, 2007
Secretary of State

Entity Name: OBO, LLC

Current Principal Place of Business:

505 E. NEW YORK AVE.
STE. 8
DELAND, FL 32724

New Principal Place of Business:

3222 FORDHAM PARKWAY
GULF BREEZE, FL 32563

Current Mailing Address:

505 E. NEW YORK AVE.
STE. 8
DELAND, FL 32724

New Mailing Address:

21102 BOGGY FORD RD
SUITE 3
LAGO VISTA, TX 78645

FEI Number: 56-2401955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COOK, RICHARD R
505 E. NEW YORK AVE.
STE. 8
DELAND, FL 32724 US

Name and Address of New Registered Agent:

MARTIN PEDATA, PA
150 WILDWOOD RD
DELAND, FL 32720 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: MARTIN PEDATA

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COOK, RICHARD R
Address: 505 E. NEW YORK AVE.
City-St-Zip: DELAND, FL 32724

Title: MGRM () Delete
Name: WHEELER, CHARLES
Address: 3222 FORDHAM PKWY
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHEELER, CHARLES
Address: 21102 BOGGY FORD RD (#3)
City-St-Zip: LAGO VISTA, TX 78645

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES WHEELER

MGRM

04/26/2007

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