2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 08, 2006 8:00 am Secretary of State

DOCUMENT # L03000050279 1. Entity Name OBERST BUILDERS, LLC							5 90035 034 ****	50.00
Principal Place of Business Mailing Address					4008	8516		
300 N. ELM		300 N. ELM ST.		գլյյս	002			
ENGLEWOOD), FL 34223 US	ENGLEWOOD, FL 3422	ENGLEWOOD, FL 34223 US					
								INTERNATION
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05022006	Chg-LLC	CR2E083 (11/0	5)	
City & Ctat		City & State			4 55 No		·	
City & Stat	⊎	City & State			4. FEI Numb		 	Applied For Not Applicable
Zip	Country	Zip	Count	try		of Status Desired	\$5.00	dditional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New	Registered Agent	
				Name				
C. MICHAEL FISCHER, P.A. 2800 PLACIDA RD.				Street Address (P.O. Box Number is Not Acceptable)				
SUITE 112 ENGLEW	2 DOD, FL 34224							
			Ì	City			FL Zip C	ode
	named entity submits this statement for	r the purpose of changing its	registere	ed office or reg	gistered agent, or bo	th, in the State of F	Torida. I am familiar wi	h, and accept
the obligat	tions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E. Boantora	4 4 4			DATE	
	- g	and the happinesses.	c. negicier	3 Agent signature re	equired when reinstating)		DATE	
Fil Due l	ling Fee is \$50.00 by September 6, 2006	(VOI)	c, negisteret	o Agent signature re	equired when reinstating)		ake check payable to da Department of St	
Fil	ling Fee is \$50.00		10.	o Agent Signature (e	equired when reinstating)	Florid	ike check payable to	
Fil Due l	ling Fee is \$50.00 by September 6, 2006		-		equired when reinstating)	Florid	ake check payable to da Department of St	ate
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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: JULY TOHN E. OBERST MALA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOHN E. OBERST MANAGER

5-2.06

941-475-1557 Daytime Phone #