2008 LIMITED LIABILITY COMPANY

FILED May 07. 2008 08:00 AN te

	ANNUA	AL REPORT	**	Securitary of	
DOCUMENT # L03000050279			4 TO	Secretary of S	Sta
1. Entity Nam OBERST	BUILDERS, LLC				
Principal Plac	e of Business	Mailing Address			
300 N. ELM ENGLEWOOD		300 N. ELM ST. Englewood, FL 34223	JS		
					IIII
	O NOT WRIT	E IN THIS SPA	CE	03192008 No Chg-LLC	For
			· * * * * * * * * * * * * * * * * * * *	56-2422537 Not App	olicable
				5. Certificate of Status Desired S5.00 Additional Fee Required	
C MICHAI	 Name and Address of Curr FISCHER, P.A. 	ent negistered Agent			
2800 PLAC SUITE 112	CIDA RD.			DO NOT WRITE	
	OOD, FL 34224			IN THIS SPACE	
8. The above	named entity submits this statemen	nt for the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I am familiar with, and a	accept
	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE Registe	red Agent signature required	d when reinslating) DATE Hバカハハハタイマム	<u> </u>
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538	3.75		06/03/08-80029-004 138.7	5
9.	· · · · · · · · · · · · · · · · · · ·	MBERS/MANAGERS	,		•
TITLE NAME	MGR OBERST, JOHN E				•
STREET ADDRESS CITY-ST-ZIP	300 N. ELM ST. ENGLEWOOD, FL 34223				,
TITLE NAME					
STREET ADDRESS CUTY-ST-ZIP					
TITLE NAME			•		
STREET ADDRESS				DO NOT WRITE	
TITLE			1 .	IN THIS SPACE	
NAME STREET ADDRESS					
CITY - ST - ZIP TITLE					·
NAME STREET ADDRESS					
CITY-ST-ZIP			-	The second se	
NAME STREET ADDRESS					٠.

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 recember or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

5-1-08 941-270-0066

Date Dayline Phone #