


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90216 042 ****50.00

DOCUMENT # L03000052809	
1. Entity Name OBH2007 LLC	

Principal Place of Business 18901 NORTHEAST 29TH AVENUE, SUITE 100 C/O FROMBERG, PERLOW & KORNIK, P.A. AVENTURA, FL 33180	Mailing Address PO BOX 4006 BOCA RATON, FL 33429
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DO NOT WRITE IN THIS SPACE

03202006 No Chg- LLC

CR2E083 (11/05)

4. FEI Number 65-1221177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 18901 NORTHEAST 29TH AVENUE, SUITE 100 AVENTURA, FL 33180

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARCH, BARBARA 18901 NE 29 AVE, SUITE 100 AVENTURA, FL 33180 <i>525 SW 16 St Boca Raton FL 33432</i>
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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 *Barbara Darch Mgr* 3-21-06 (561) 347-7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #