


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90055 027 ***138.75

DOCUMENT # L03000053114	
1. Entity Name OBH1509, LLC	

Principal Place of Business C/O FROMBERG, PERLOW & KORNIK, P.A. 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180	Mailing Address C/O FROMBERG, PERLOW & KORNIK, P.A. 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180
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60008548



2. Principal Place of Business - No P.O. Box # 10295 COLLINS AVENUE	3. Mailing Address 21711 FRONTEAC COURT
Suite, Apt. #, etc. APT.#1509	Suite, Apt. #, etc.

01102008 Chg-LLC CR2E083 (12/06)

City & State BAL HARBOUR, FL	City & State BOCA RATON, FL
Zip 33150	Country USA
Zip 33433	Country USA

4. FEI Number 20-1051569	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DADE COUNTY CORPORATE AGENTS, INC. 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name ANGEL D. CORDOVA Street Address (P.O. Box Number is Not Acceptable) 780 N.W. 42ND AVENUE STE#416 City MIAMI FL Zip Code 33126
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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 	DATE 1/14/08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, ANA LUZ C 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANA LUZ RODRIGUEZ 21711 FRONTEAC COURT BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	ANA LUZ RODRIGUEZ, MGR. 01/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #