
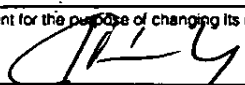
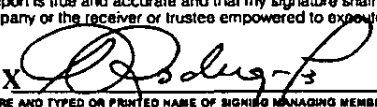


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

01-25-2008 90067 013 ***138.75

DOCUMENT # L03000053118 1. Entity Name OBH1606, 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		
2. Principal Place of Business - No P.O. Box # 10295 COLLINS AVENUE		3. Mailing Address 10927 BAL HARBOR DR			
Suite, Apt. #, etc. APT. 1606		Suite, Apt. #, etc.			
City & State BAL HARBOUR, FL		City & State BOCA RATON, FL		4. FEI Number 65-1221215	
Zip 33150		Country USA		Zip 33498	
Country USA		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 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 NW 42ND AVENUE STE #416 City MIAMI FL Zip Code 33126	
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 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		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, GEORGE 18901 NE 29TH AVE, STE 100 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEORGE RODRIGUEZ-PAZ 10927 BAL HARBOR DRIVE BOCA RATON, FL 33498	<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
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
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: 			GEORGE RODRIGUEZ-PAZ, MGR. 01/10/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

30002575



01102008 Chg-LLC CR2E083 (12/06)