

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011643

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: MOBE'S, LLC

## Current Principal Place of Business:

417 EMMETT ST  
PALATKA, FL 32177 US

## New Principal Place of Business:

115 DODGE ST  
PALATKA, FL 32177 US

## Current Mailing Address:

417 EMMETT ST  
PALATKA, FL 32177 US

## New Mailing Address:

115 DODGE ST  
PALATKA, FL 32177 US

FEI Number: 84-1672983

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WAYNE, BARBARA H  
417 EMMETT ST  
PALATKA, FL 32177 US

## Name and Address of New Registered Agent:

WAYNE, BARBARA H  
115 DODGE ST  
PALATKA, FL 32177 US

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.

SIGNATURE:

04/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PT ( ) Delete  
Name: WAYNE, BARBARA  
Address: 417 EMMETT ST  
City-St-Zip: PALATKA, FL 32177 US

Title: VP ( ) Delete  
Name: PATEL, JYOTI DR.  
Address: 20 SEASCAPE CIRCLE  
City-St-Zip: ST. AUGUSTINE,, FL 32080 US

Title: S ( ) Delete  
Name: HEISHMAN, BRUCE A  
Address: 417 EMMETT ST  
City-St-Zip: PALATKA, FL 32177

Title: VVP ( ) Delete  
Name: WAYNE, AMBRA M  
Address: 417 EMMETT ST  
City-St-Zip: PALATKA, FL 32177

## ADDITIONS/CHANGES:

Title: PT (X) Change ( ) Addition  
Name: WAYNE, BARBARA  
Address: 115 DODGE ST  
City-St-Zip: PALATKA, FL 32177 US

Title: VP (X) Change ( ) Addition  
Name: PATEL, JYOTI DR.  
Address: 953 GRIFFIN SHORES DR N  
City-St-Zip: ST. AUGUSTINE,, FL 32080 US

Title: S (X) Change ( ) Addition  
Name: HEISHMAN, BRUCE A  
Address: 115 DODGE ST  
City-St-Zip: PALATKA, FL 32177

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 H WAYNE

PT

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date