


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90179 010 \*\*\*\*50.00

**DOCUMENT # L04000013438**  
 1. Entity Name  
**PATRICK COBB, LLC**



Principal Place of Business      Mailing Address  
 714 NORTH PALMWAY      714 NORTH PALMWAY  
 LAKE WORTH FL 33460      LAKE WORTH FL 33460



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**220 LUCERNE AVE**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**# 3A**

1st MOORE      CR2E083 (10/06)

City & State      City & State  
**LAKE WORTH**

4. FEI Number      Applied For  
**34-1977174**      Not Applicable

Zip      Country      Zip      Country  
**33460**      **USA**

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**COBB, PATRICK**  
**714 NORTH PALMWAY**  
**LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**220 LUCERNE AVE, Suite 3A**  
 City **LAKE WORTH**      **FL**      Zip Code **33460**

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: *Patrick Cobb*      DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>COBB, PATRICK</b> <b>714 NORTH PALMWAY</b> <b>LAKE WORTH FL 33460</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b> <b>220 LUCERNE AVE, Suite 3A</b> <b>LAKE WORTH, FL 33460</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patrick Cobb*      Date: \_\_\_\_\_      Daytime Phone #: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE