2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Aug 19, 2005 8:00 am Secretary of State

07-25-2005 90041 014 ****50.00 08-19-2005 90089 006 *****5.00

DOCUMENT # L04000016190 1. Entity Name LEONARD M. OBLER, LLC Principal Place of Business Mailing Address 20066895 2310 MAGNOLIA DRIVE 2310 MAGNOLIA DRIVE NORTH MIAMS, FL 33181 NORTH MIAMI, FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07022005 CR2E083 (10/03) City & State City & State Applied For 801-199 Not Applicable Zio Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERNS, DAVID R Street Address (P.O. Box Number is Not Acceptable) 17101 N.E. 19TH AVENUE, STE 205 NORTH MIAMI BEACH, FL 33162 City Zip Code 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 Signature, hybrid or primed name of registered agent, and the if applica Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Fiorida Department of Sta ent of Stat MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Manager TITLE Delete TITLE Addition ☐ Change NAME Leonard M. Obler MAKE STREET ADDRESS 2310 Magnolia Drive STREET ADDRESS CITY-ST-70 CITY-ST-ZIP <u>No. Miami, Fl</u> TITLE Deletes TILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celeia TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-SI-ZIP Tilté Change --- - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NULE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TIME ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for indicated on this report is true and accurate and that my signature shall have limited liability company or the receiver or trustee empowered to execute this. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under ceth; that I am a managing member or manager of the good as required by Chapter 608, Florida Statutes. IG HAMAGING MEMICER, MANAGER, OR AUTHORIZED REPRESENTATIVE



ATTACHMENT 20066845

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 27, 2005

LEONARD M. OBLER, LLC 2310 MAGNOLIA DRIVE NORTH MIAMI, FL 33181

Subject: LEONARD M. OBLER, LLC

Reference Number:

L04000016190

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/LS ANNUAL REPORTS SECTION