


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000021421</b> 1. Entity Name V.O.B., LLC	
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Principal Place of Business 12730 NEW BRITTANY BLVD. SUITE 411 FT. MYERS, FL 33907	Mailing Address P.O. BOX 60091 FT. MYERS, FL 33906
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 55-0864249	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  BEAZELL, THORNTON O 12730 NEW BRITTANY BLVD. SUITE 411 FT. MYERS, FL 33907
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

000000586845  
01/17/07-80009-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEAZELL, THORNTON O 12730 NEW BRITTANY BLVD, STE 411 FORT MYERS, FL 33907
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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.

<b>SIGNATURE:</b> <u>Thornton O. Bezell</u> Thornton O. Bezell	<u>1-12-07</u> Date	<u>239-936-8448</u> Daytime Phone #
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