

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90080 037 ***138.75

DOCUMENT # L04000021421					
1. Entity Name V.O.B., LLC					
Principal Place of Business 12730 NEW BRITTANY BLVD. SUITE 411 FT. MYERS, FL 33907			Mailing Address P.O. BOX 60091 FT. MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box # <u>Same</u>			3. Mailing Address 		
Suite, Apt. #, etc. <u>Suite 426</u>			Suite, Apt. #, etc. 		
City & State <u>Same</u>			City & State 		
Zip <u>Same</u>		Country 		4. FEI Number 55-0864249	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEAZELL, THORNTON O 12730 NEW BRITTANY BLVD. SUITE 411 FT. MYERS, FL 33907			7. Name and Address of New Registered Agent Name <u>Beazell, Thornton O</u> Street Address (P.O. Box Number is Not Acceptable) <u>12730 New Brittany Blvd</u> <u>Suite 426</u> City <u>FT. MYERS, FL</u> Zip Code <u>33907</u>		
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 <u>Thornton O Beazell</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEAZELL, THORNTON O 12730 NEW BRITTANY BLVD, STE 411 FORT MYERS, FL 33907	<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITTLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Thornton O Beazell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>1-8-2008</u> <u>239.9368448</u> <small>Date Daytime Phone #</small>	