

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025592

Entity Name: MOBETTA BULL COMPANY, LLC

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

10492 BLUE PALM STREET  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

241 GRANBY STREET  
#40  
NORFOLK, VA 23510

## New Mailing Address:

FEI Number: 52-2442256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZGONINA, JEFF  
10492 BLUE PALM STREET  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ZGONINA, JEFF  
Address: 10942 BLUE PALM STREET  
City-St-Zip: PLANTATION, FL 33324 US

Title: MGR ( ) Delete  
Name: TATE, MAURY  
Address: 104 E. EVANS AVE  
City-St-Zip: APACHE, OK 73006 US

Title: MGR ( ) Delete  
Name: KECK, COY  
Address: 1721 KEITH STREET NW  
City-St-Zip: CLEVELAND, TN 37311 US

## ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF ZGONINA

MGR

01/04/2007

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