

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029287

Entity Name: OBH 1506, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

C/O KRYSTAL MARCUS REALTY
18901 NORTHEAST 29TH AVENUE, STE. 101
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

C/O KRYSTAL MARCUS REALTY
18901 NORTHEAST 29TH AVENUE, STE. 101
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NORTHEAST 29TH AVENUE, STE. 100
AVENTURA, FL 33180 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: MARCUS, KRYSTAL
Address: 18901 NORTHEAST 29TH AVE., STE. 101
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: GATENO, LUCY
Address: 21730 FRONTENAC CT.
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: MASON, BARBARA
Address: 60 NORWOOD ROAD
City-St-Zip: HARTFORD, CT 06117

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: KRYSTAL MARCUS

MGR

04/17/2007

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