

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000035407  
 1. Entity Name  
 REMOBUB PARTNERSHIP LLC



Principal Place of Business: 401 3RD ST, KEY COLONY BEACH FL 33051  
 Mailing Address: 262 MIRAMAR AVE, LAUDERDALE-BY-THE-SEA FL 33308



2. Principal Place of Business, No. P.O. Box #  
 411-3RD ST  
 Suite, Apt. #, etc.  
 KCB

3. Mailing Address  
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State: FLA

4. FEI Number: 20-1100792  
 Applied For:  Not Applicable:

City & State: FLA  
 Zip: 33051  
 Country: Monroe

5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MILLER, JOHN P  
 2499 GLADES ROAD  
 SUITE 305A  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: FL 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]* 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		
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BRISCUSO, RAYMOND J	
STREET ADDRESS	262 MIRAMAR AVENUE	
CITY-ST-ZIP	LAUDERDALE-BY-THE-SEA FL 33308	
TITLE	OMGR	<input type="checkbox"/> Delete
NAME	MALACZEWSKI, EDWARD	
STREET ADDRESS	PO BOX 261	
CITY-ST-ZIP	KEY COLONY BEACH FL 33051	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000737349  
 01/25/08 88863 023 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1/24/08  
 954-776-5102