2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State
03-01-2005 90020 007 ****50.00

DOCUMENT # L04000071091

1. Entity Name
DOB1, L.L.C.

Principal Place of Business	Mailing Address
~~77 PONTE VEDRA COLONY CIRCLE~~	~~77 PONTE VEDRA COLONY CIRCLE~~
~~PONTE VEDRA BEACH FL 32082~~	~~PONTE VEDRA BEACH FL 32082~~
	P.O. Box 3023
	Ponte Vedra, FL-32004

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
Units 302 + 303	
Suite, Apt. #, etc.: 3653 Regent Blvd.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State
Zip: 32224 Country: USA	Zip Country: USA

4. FEI Number — Applied For ☐ / Not Applicable ☑

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRILEY, D. RANDALL
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH FL 32082

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PRESIDENT MGR~~ ~~DAVID S. O'BRIEN~~ ~~P.O. Box 3023~~ ~~Ponte Vedra, FL-32004~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID S. O'BRIEN 77 Ponte Vedra Colony Circle Ponte Vedra, FL-32082	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: David S. O'Brien, MD. 2/24/05 904-285-2372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #