2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State
03-06-2006 90206 013 ****50.00

DOCUMENT # L04000071091

1. Entity Name

DOB1, L.L.C.

Principal Place of Business	Mailing Address
3653 REGENT BLVD UNITS 302 &303 JACKSONVILLE FL 32224	PO BOX 3023 PONTE VEDRA BEACH FL 32004

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
535 LAKE Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA, FL	City & State
Zip: 32082 Country: USA	Zip Country

4. FEI Number: NO-T APPLICABLE ☐ 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, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	O'BRIEM, DAVID S		NAME	O'BRIEN, DAVID S.	
STREET ADDRESS	77 PONTE VERDA COLONY CIRCLE		STREET ADDRESS	535 LAKE Rd.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP	PONTE VEDRA, FL - 32082	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David S. O'Brien 2/23/06 904-285-2372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #