

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081500

Entity Name: POBOY, LLC

FILED
May 04, 2005
Secretary of State

Current Principal Place of Business:

114-116 EAST OCEAN AVENUE
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

114-116 EAST OCEAN AVENUE
LANTANA, FL 33462

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COLANGELO, PETER
114-116 EAST OCEAN AVENUE
LANTANA, FL 33462 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: COLANGELO, PETER
Address: 114-116 EAST OCEAN AVENUE
City-St-Zip: LANTANA, FL 33462

Title: MR. () Change (X) Addition
Name: MCMILLAN, RICHARD
Address: 114-116 EAST OCEAN AVENUE
City-St-Zip: LANTANA, FL 33462

Title: MR. () Change (X) Addition
Name: DUTLER, MARK
Address: 114-116 EAST OCEAN AVENUE
City-St-Zip: LANTANA, FL 33462

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER COLANGELO

MR.

05/04/2005

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