

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000081977

1. Entity Name
COBALT GROWTH, LLC



Principal Place of Business
**20 CHURCH AVENUE
BALLSTON SPA, NY 12020**

Mailing Address
**20 CHURCH AVENUE
BALLSTON SPA, NY 12020**



03042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1776349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHAFER, MICHAEL W
6630 SEAWIND DRIVE
FT. MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CANTY, WILLIAM J
20 CHURCH AVENUE
BALLSTON SPA, NY 12020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PABIS, JAMES M
2 VIENNA COURT
BALLSTON SPA, NY 12020**

TITLE
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170000494242
04/12/06-50031-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/06

Date

58853230

Daytime Phone #