## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED Apr 12, 2005 8:00 am Secretary of State 04-12-2005 90017 028 \*\*\*\*50.00

3/17/05 Date

(561) 659-5311 Daytime Phone #

DOCUMENT # L04000086914  1. Entity Name BOBCHILD LLC						04-12-2005 90017 028 ****50.00					
Principal Plac	e of Business	Mailing Address				Shacar.					
175 BRADLE		175 BRADLEY PLACE					-				
PALM BEACH		PALM BEACH, FL 33480									
								6:11 <b>2016</b> 1 16116 6	ilia 18181 ilali eta:		
2 Principal P	lace of Business	3. Mailing Address			1						
Z. CHRICIDATE	idde of Dusiness	o. Mailing Address			1			8.    <b>89</b>   81   181  8   L	.  \$	OEI III IBDI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			031	72005	Chg-LLC	CR2E	83 (10/03)		
City & Stat	6	City & State >			4. F	El Numbe	, ,5,5,5, <b>5</b>		<del></del>	plied For	
Zip Country		Zip Country		0/						t Applicable	
_ ZIP	Country		_ ·						\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent			7. Na	ame and	Address of New	Registered	Agent	· · · ·	
				Name R	Robert	ם ח	ananort				
GOLDSTEIN, MARK B					Robert D. Rapaport Street Address (P.O. Box Number is Not Acceptable)						
	ILITARY TRAIL, SUITE 130 TON, FL 33431	Olivoti Addinosi (i O. Dox Halinda io Not Addoptable)									
BOOK PORTON, FE 33431				175	Brad1e	adley Place					
			}	City					Zip Cods	3.0	
P						n Beach FL 33480					
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  Robert D. Rapaport 3/17/05  Signature, typed or printed namely if registryed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Filing Fee is \$50.00 Due by May 1, 2005									ayable to		
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITION	S/CHANGES			
TITLE	MGR	☐ Delete	TITLE						Change	☐ Addition	
NAME	RAPAPORT, ROBERT D		NAME								
STREET ADDRESS CITY-ST-ZIP	175 BRADLEY PLACE			ET ADORESS -ST-ZIP							
<u>_</u>	PALM BEACH, FL 33480		<b></b>							- Laure	
TITLE NAME		☐ Delete	TITLE						Change	☐ Addition	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY-	ST-ZIP							
TITLE 2		☐ Delete	TITLE					•	Change	☐ Addition	
NAME			NAME								
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			CITY-	ST-ZIP							
TITLE		☐ Delete	TITLE	1					Change	Addition	
NAME			NAME								
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-		Пън.	TITLE						. Change	☐ Addition	
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CITY+ST-ZIP			CITY-	-ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME .	ļ.		NAME	[-	•		• •	-	•		
STREET ADDRESS		•		ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
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: PO R ON PRINTED NIME OF SANING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE