



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000003537 1. Entity Name LOBOCO, LLC	
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Principal Place of Business 2095 MISSION AVE. NAPLES, FL 34109	Mailing Address C/O MERTON E. COHEN, CPA 20 S. CHARLES ST., SUITE 200 BALTIMORE, MD 21201
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2191137	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CROSBY, ROBERT
2095 MISSION AVE.
NAPLES, FL 34109

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GLAZER, LOWELL R 7779 NEW YORK LANE GLEN BURNIE, MD 21061
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CROSBY, ROBERT 2095 MISSION AVE. NAPLES, FL 34109
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04/10/07-80066-015 50.00

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IN THIS SPACE**

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: Lowell R. Glazer **3/28/07** **410-727-1562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #