

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023940

Entity Name: CAOBA, LLC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

3318 GUILFORD ROAD
NAPLES, FL 34112

New Principal Place of Business:

3283 TAMIAMI TRAIL EAST MPB 269
NAPLES, FL 34112

Current Mailing Address:

PMB 269, 3283 TAMIAMI TRAIL EAST
NAPLES, FL 34112

New Mailing Address:

3283 TAMIAMI TRAIL EAST MPB 269
NAPLES, FL 34112

FEI Number: 20-2474897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALANI, RENE
3318 GUILFORD ROAD
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

CALANI, RENE
3283 TAMIAMI TRAIL EAST MPB269
NAPLES, FL 34112 US

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:

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CALANI, RENE
Address: 3318 GUILFORD ROAD
City-St-Zip: NAPLES, FL 34112

Title: MGRM () Delete
Name: POLCHE, JERRY L
Address: 3318 GUILFORD ROAD
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CALANI, RENE
Address: 3283 TAMIAMI TRAIL EAST MPB269
City-St-Zip: NAPLES, FL 34112

Title: MGRM (X) Change () Addition
Name: POLCHE, JERRY L
Address: 3283 TAMIAMI TRAIL EAST MPB269
City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RENE CALANI

MGR

04/17/2006

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