

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90047 038 \*\*\*\*55.00

<b>DOCUMENT # L05000033105</b> 1. Entity Name <b>OABC 436, LLC</b>					
Principal Place of Business <del>2603 B MAITLAND CENTER PARKWAY</del> <del>MAITLAND, FL 32751</del>				Mailing Address <del>2603 B MAITLAND CENTER PARKWAY</del> <del>MAITLAND, FL 32751</del>	
2. Principal Place of Business 2701 Maitland Center Pkwy Suite, Apt. #, etc. Suite 225 City & State Maitland, FL Zip 32751 Country Orange		3. Mailing Address 2701 Maitland Center Pkwy Suite, Apt. #, etc. Suite 225 City & State Maitland, FL Zip 32751 Country Orange			
02232006    Chg-LLC    CR2E083 (11/05)				4. FEI Number <b>81-0668274</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STEIN, CLIFFORD L</b> <del>2603 B MAITLAND CENTER PARKWAY</del> <del>MAITLAND, FL 32751</del> <b>2701 Maitland Center Pkwy, Suite 225</b> <b>Maitland, FL 32751</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stein, Clifford L. 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Berman, Reid S. 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Berman, Reid S. 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Berman, Reid S. 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Berman, Reid S. 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.					
<b>SIGNATURE:</b> 			4/6/06    407-659-0120 <small>Date    Daytime Phone #</small>		