

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90364 030 \*\*\*\*55.00

DOCUMENT # L05000033105

1. Entity Name  
OABC 436, LLC



Principal Place of Business  
2701 MAITLAND CENTER PKWY  
STE 225  
MAITLAND, FL 32751

Mailing Address  
2701 MAITLAND CENTER PKWY  
STE 225  
MAITLAND, FL 32751



03222007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0668274	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

STEIN, CLIFFORD L  
2701 MAITLAND CENTER PKWY  
STE 225  
MAITLAND, FL 32751

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, CLIFFORD L 2701 MAITLAND CENTER PKWY STE 225 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, REID S 2701 MAITLAND CENTER PKWY STE 225 MAITLAND, FL 32751
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**DO NOT WRITE  
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 606, Florida Statutes.

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

Date

Daytime Phone #

4/10/07 407 659-0120