

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

*Kobelgard Gate*

**FILED**

**Feb 26, 2007 08:00 AM**

**Secretary of State**

**DOCUMENT # L05000043487**

1. Entity Name  
OCALA KOBELGARD ESTATES, L.L.C.



Principal Place of Business  
5801 CONGRESS AVE.  
BOCA RATON, FL 33487

Mailing Address  
5801 CONGRESS AVE.  
BOCA RATON, FL 33487



02062007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
83-0344756

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

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

MOMBACH, GEOFFREY S ESQ.  
C/O MOMBACH, BOYLE & HARDIN, P.A.  
500 EAST BROWARD BLVD., SUITE 1950  
FT. LAUDERDALE, FL 33394

**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  
WOLF, STEVE  
5801 CONGRESS AVE  
BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000648517  
03/07/07-90012-020 50.00

**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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

*Steve Wolf*

Date

*2/14/07 561-448-5600*

Daytime Phone #