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Mar 10, 2008 8:00 am
Secretary of State

02-18-2008 90071 040 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

DOCUMENT # L05000066391

1. Entity Name
BOBENHAUSEN & NEUBACHER, PL

30001607

Principal Place of Business	Mailing Address
28100 U.S. HIGHWAY 19 NORTH, SUITE 407 CLEARWATER, FL 33761	28100 U.S. HIGHWAY 19 NORTH, SUITE 407 CLEARWATER, FL 33761

01042008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 84-1684677 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BOBENHAUSEN, GALE M~~
~~30 BISHOP CREEK DRIVE~~
~~SAFETY HARBOR, FL 34691~~

7. Name and Address of New Registered Agent

Name: Gale M. Bobenhausen
Street Address (P.O. Box Number is Not Acceptable): 28100 US Highway 19 North Suite 407
City: Clearwater FL Zip Code: 33761

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: Gale M Bobenhausen — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 2/8/08

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

managing member

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEUBACHER, PATRICIA L 2750 MERLIN WAY CLEARWATER, FL 33761	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOBENHAUSEN, GALE B. 28100 US Hwy 19 North, Suite 407 Clearwater, FL 33761	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Gale M Bobenhausen — 2/8/08 — 727-252-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #