

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1


FILED
Apr 05, 2006 8:00 am
Secretary of State

03-16-2006 90027 042 ****50.00

30004214



03082006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000086121					
1. Entity Name COBOS1510, LLC					
Principal Place of Business 124 N. NOVA ROAD, SUITE 125 ORMOND BEACH, FL 32174			Mailing Address 124 N. NOVA ROAD, SUITE 125 ORMOND BEACH, FL 32174		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AGENTS AND CORPORATIONS, INC. SUITE E 773 4TH AVENUE NORTH NAPLES, FL 34102			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reappointing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, KIM		NAME		
STREET ADDRESS	124 N. NOVA ROAD, SUITE 125		STREET ADDRESS		
CITY- ST- ZIP	ORMOND BEACH, FL 32174		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <i>Kim Bell</i>			3/10/06 386 212-8602		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

ATTACHMENT

30004214
#L05000086121

COBOS1510, LLC
124 N Nova Road, 125
Ormond Beach, Florida 32174

Division of Corporations
PO Box 6478
Tallahassee FL 32314

To Whom It May Concern:

Please be advised that following a conversation with IRS representative on April 3, 2006 it was determined that a FEI number is not applicable in this case. Please call me at 386-212-8686 or reply via United States postal service to the above address if further clarification is needed.

Thank you for your time and efforts.

Sincerely,



Kim Bell