## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086121

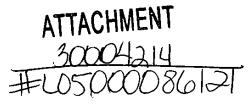
## **FILED** Apr 05, 2006 8:00 am Secretary of State 03-16-2006 90027 042 \*\*\*\*50.00

3/1

1. Entity Net COBOS1									·	
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			30004214				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt etc.			Suite, Apt. #, etc.			03092006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State			4. FEI Numi	per			plied For
Zip	Country		Zip	Country		5. Certificate	e of Status Desired		\$5.00 Add	Sitional
	6. Name	and Address of Current R	Registered Agent			7. Name an	d Address of New R	egistered .	Agent	
AGENTS AND CORPORATIONS, INC.					Name					
SUITÉ E 773 4TH AVENUE NORTH NAPLES, FL 34102					Street Address	(P.O. Box Numb	ber is Not Acceptable	·) 		
TARCEO,	7 L 04102			City				FL	Zip Cod	e
	named entity		the purpose of changing its	register	ed office or registe	ered agent, or b	oth, in the State of Flo	nda, I am	familiar with,	and accept
SIGNATURE	Sgruthere, typed	or printed name of regulatered agent in	nd tate of approachle. (NOT	E: Registere	d Agent signature require	d when remaining)		DATE		
Filing Fee is \$50.00 Due by May 1, 2008									eyable to	•
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR BELL, KIN		☐ Delete	TITLE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	,	DVA ROAD, SUITE 125 BEACH, FL 32174			et adoress St-70°					
TITLE NAME STREET ADDRESS			☐ Delate		ET ADDRESS				Change	Addition
TITLE NAME STREET ADDRESS			Delete	TITLE MANO STREE	ET ADDRESS			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME		<del></del>	☐ Delete	TITLE	: }	<u></u>	······································		Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS					
	<b></b>				ST-ZIP					<del></del>
TITLE NAME STREET ADDRESS CITY, ST. 700			Delete	TITLE NAME STREET	ET ADDRESS			···	Change	Addition
NAME			Delete	TITLE NAME STREET	ET ADDRESS ST-7IP				Change	Addition Addition

11. I hereby certify that the information supplied with this fitting 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 eath; 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:



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