2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000093464

1. Entity Name
OBM TEXAS HOLDINGS, LLC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

13605 SW 149TH AVENUE

SUITE 8 MIAMI, FL 33196 Mailing Address

P.O. BOX 770217 MIAMI, FL 33177



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3563438 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOCKMAN, PETER M 80 SW 8TH STREET SUITE 3100 MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of cha	inging its registered office or registered agent, of bo	ith, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.		
,		U00000898523 - 04/25/03-80690-010 588,75
SIGNATURE		<u> Nazzezne zennen zen ze</u>
Constant toward or original game of registered errent and little if sonifcable	(NOTE: Registered Agent signature required when reinstating)	UT7 CU7 OU BURNEU 13111 300. 13

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, OSCAR B 7980 SW 124 STREET MIAMI, FL 33156
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	certify that the information supplied with this filling does not qualify for the expension to the supplied with this filling does not qualify for the expension to the supplier to the supplie

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

4/10/08

Daytime Phone #