

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000094265

FILED
Aug 07, 2007
Secretary of State**Entity Name:** OBFS, LLC**Current Principal Place of Business:**3290 WEST STATE ROAD 46
SANFORD, FL 327718445**New Principal Place of Business:**700 W. GRANADA
SUITE 107
ORMOND BEACH, FL 32174**Current Mailing Address:**3290 WEST STATE ROAD 46
SANFORD, FL 327718445**New Mailing Address:**700 W. GRANADA BLVD
SUITE 107
ORMOND BEACH, FL 32174**FEI Number:** 20-3531582**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PALMETTO CHARTER SERVICES, INC.,
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32114 US**Name and Address of New Registered Agent:**SNELL LEGAL
700 W. GRANADA BLVD.
SUITE 107
ORMOND BEACH, FL 32114 US

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.

SIGNATURE: GREG SNELL

08/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: HUDSON, C. FRED III
Address: 3290 WEST STATE ROAD 46
City-St-Zip: SANFORD, FL 327718445**Title:** MGRM () Delete
Name: SNELL, GREGORY D
Address: 700 W. GRANADA BLVD., SUITE 107
City-St-Zip: ORMOND BEACH, FL 32174**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY D. SNELL

MGRM

08/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date