

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094265

FILED
Apr 22, 2008
Secretary of State

Entity Name: OBFS, LLC

Current Principal Place of Business:

700 W. GRANADA
SUITE 107
ORMOND BEACH, FL 32174

New Principal Place of Business:

160 E. GRANADA BLVD.
ORMOND BEACH, FL 32176

Current Mailing Address:

700 W. GRANADA BLVD
SUITE 107
ORMOND BEACH, FL 32174

New Mailing Address:

160 E. GRANADA BLVD.
ORMOND BEACH, FL 32176

FEI Number: 20-3531582

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELL LEGAL
700 W. GRANADA BLVD.
SUITE 107
ORMOND BEACH, FL 32114 US

Name and Address of New Registered Agent:

SNELL LEGAL
160 E. GRANADA BLVD.
ORMOND BEACH, FL 32176 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: CHRISTENE M. ERTL, ESQ.

04/22/2008

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: MGRM (X) Change () Addition
Name: SNELL, GREGORY D
Address: 160 E. GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

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

04/22/2008

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