
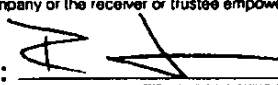


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-08-2006 90045 046 ****50.00

DOCUMENT # L05000100551 1. Entity Name MAITLAND OB, LLC					
Principal Place of Business 557 WYMORE ROAD, NORTH, SUITE 101 MAITLAND, FL 32751			Mailing Address P.O. BOX 941483 MAITLAND, FL 32794-1483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02092006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 56-2537412				Applied For <input 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		
ICARDI, JEFFREY A 2180 WEST STATE ROAD 434, SUITE 6190 LONGWOOD, FL 32779			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reappointing)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ISOLA, ROBERT E 557 WYMORE ROAD, NORTH, SUITE 101 MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: 			2/21/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

30004026



ATTACHMENT

30004026
#LD5000100551

ICARDI & ICARDI, P.A.

2180 W. STATE ROAD 434, STE. 6190

LONGWOOD, FL 32779

POST OFFICE BOX 1856

MAITLAND, FL 32794-1656

407-647-1859

FAX: 407-647-3224

Transmittal Memorandum

Date: February 24, 2006

TO:

Secretary of State
Division of Corporations
Annual Report Filings
PO Box 6198
Tallahassee, FL 32314-6198

RE: MAITLAND OB, LLC

SUBJECT:

Enclosed are the 2006 Annual Report for Maitland OB, LLC and a check in the sum of \$50.00.