

**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

30004026



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  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ICARDI, JEFFREY A  
2180 WEST STATE ROAD 434, SUITE 6190  
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reassigning) DATE \_\_\_\_\_

**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 608, Florida Statutes.

SIGNATURE:  **2/21/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ATTACHMENT**

30004026  
#LD5000100551

**ICARDI & ICARDI, P.A.**  
2180 W. STATE ROAD 434, STE. 6190  
LONGWOOD, FL 32779  
POST OFFICE BOX 1858  
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.