


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90035 001 \*\*\*450.00

<b>DOCUMENT # L05000109495</b>		
1. Entity Name FLORIDA OBC LLC		

Principal Place of Business 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 US	Mailing Address 121 ALHAMBRA PLAZA 10TH FL CORAL GABLES, FL 33134 US
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2. Principal Place of Business - No P.O. Box # 4890 W. Kennedy Blvd.	3. Mailing Address 4890 W. Kennedy Blvd.
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Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900
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City & State Tampa, FL.	City & State Tampa, FL.
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Zip 33609	Country USA	Zip 33609	Country USA
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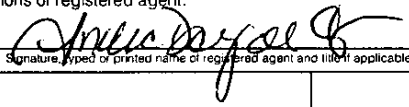
02232007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  DARLING DE CORTES, ANDREA SUITE 1000, 121 ALHAMBRA PLAZA ALHAMBRA TOWERS CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Darling de Cortes, Andrea Street Address (P.O. Box Number is Not Acceptable) 4890 W. Kennedy Blvd. Suite 900 City Tampa FL Zip Code 33609
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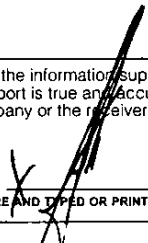
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE 02/26/07
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABITOL, ALEX J 121 ALHAMBRA PLAZA, 10TH FL CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Abitol, Alex J. 4890 W. Kennedy Blvd., Suite 900 Tampa, FL. 33609 <input checked="" 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
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
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: 	DATE 2/26/07	Daytime Phone #
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