

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90142 001 \*\*\*220.00

30004981



03202006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000116572</b> 1. Entity Name <b>O2B KIDS 7, LLC</b>					
Principal Place of Business <b>106 NW 33RD COURT SUITE A GAINESVILLE, FL 32607 US</b>			Mailing Address <b>106 NW 33RD COURT SUITE A GAINESVILLE, FL 32607 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number <b>20-3948096</b>			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>O2B MANAGER JACKSONVILLE, LLC 106 NW 33RD COURT SUITE A GAINESVILLE, FL 32607</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM O2B KIDS 7 JACKSONVILLE, LLC 106 NW 33RD COURT, SUITE A GAINESVILLE, FL 32607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			12. Signature of Managing Member, Manager, or Authorized Representative <div style="text-align: center;">   <b>Andrew Sherrard</b> </div>		
SIGNATURE: _____			Date: <b>4/11/06</b> Daytime Phone #: <b>3523389660</b>		