


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90106 006 ***138.75

| | |
|---|---|
| DOCUMENT # L05000116572 1. Entity Name O2B KIDS 7, LLC |  |
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|---|---|
| Principal Place of Business 106 NW 33RD COURT SUITE A GAINESVILLE, FL 32607 US | Mailing Address 106 NW 33RD COURT SUITE A GAINESVILLE, FL 32607 US |
|---|---|

50003171



04042008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-3948096 | Applied For Not Applicable |
| 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 O2B MANAGER JACKSONVILLE, LLC 106 NW 33RD COURT SUITE A GAINESVILLE, FL 32607 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| | |
|--|--|
| 9. MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM O2B MANAGER JACKSONVILLE, LLC 106 NW 33RD COURT, SUITE A GAINESVILLE, FL 32607 |
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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: Peter A. Sheppard, Jr. 4/10/08 352-338-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #