20	008 LIMITED LIA ANNUAL	BILITY COMPA REPORT	NY	FILED Mar 03, 2008 Secretary of			
DOCU 1. Entity Narr OBD, LLC		284		03-03-2008 90401 013 **	**138.75		
4715 SHORE	Incipal Place of BusinessMailing Address15 SHORECREST DRIVE4715 SHORECREST DRIVELANDO, FL32801ORLANDO, FL32801						
DO NOT WRITE IN THIS SPACE							
BRYANT, CARLA D 1206 EAST RIDGEWOOD STREET ORLANDO, FL 32803				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							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
9.	MANAGING MEMBER	RS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE BETTY WHITMIRE, LLC 4715 SHORECREST DR ORLANDO, FL 32817						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1					
11. I hereby certify that the information supplied with his filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and adjoinate 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: Carter C. Whitmine, Jr. 2-21-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date Date							