

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084188

FILED  
Mar 21, 2008  
Secretary of State

Entity Name: COBLE-ALSTOTT GROUP, LLC

**Current Principal Place of Business:**

804 MOUNT VERNON ST.  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 531164  
ORLANDO, FL 32853

**New Mailing Address:**

FEI Number: 20-5437084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COBLE, JUSTIN J  
804 MOUNT VERNON ST.  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COBLE, JUSTIN J  
Address: 804 MOUNT VERNON ST.  
City-St-Zip: ORLANDO, FL 32853

Title: MGRM ( ) Delete  
Name: ALSTOTT, ADAM  
Address: 2250 LEE RD. SUITE 101  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COBLE, JUSTIN J  
Address: 804 MOUNT VERNON ST.  
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Change ( ) Addition  
Name: ALSTOTT, ADAM  
Address: 587 RUBY CT.  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUSTIN J COBLE

MGRM

03/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date