


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90351 001 ****50.00

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|---|---------------------------------|---|--|--|--|
| DOCUMENT # L06000095566 1. Entity Name OBM ENTERPRISES, LLC | | | |  | |
| Principal Place of Business 960 37TH PLACE, SUITE 102 VERO BEACH, FL 32960 | | | Mailing Address 960 37TH PLACE, SUITE 102 VERO BEACH, FL 32960 | | |
| 2. Principal Place of Business - No P.O. Box # 3745 11th Circle | | 3. Mailing Address Suite, Apt. #, etc. # 103 | | | |
| City & State Vero Beach Florida | | City & State Vero Beach Florida | | 4. FEI Number 20-5649325 | |
| Zip 32960 | | Country Indian River | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KIRK, WILLIAM N ESQ. 979 BEACHLAND BLVD. VERO BEACH, FL 32963 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
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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: <u>Christopher P. Tardif</u> | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |
| Date | | | Daytime Phone # | | |