

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095566

Entity Name: OBM ENTERPRISES, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

3745 11TH CIRCLE, # 103
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

3745 11TH CIRCLE, # 103
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 20-5649325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KIRK, WILLIAM N ESQ.
979 BEACHLAND BLVD.
VERO BEACH, FL 32963 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: MGRP () Delete
Name: TARDIFF, CHRISTOPHER P
Address: 3745 11TH CIRCLE #103
City-St-Zip: VERO BEACH, FL 32960

Title: VP () Delete
Name: TARDIFF, AMY B
Address: 3745 11TH CIRCLE #103
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: TARDIF, CHRISTOPHER P
Address: 3745 11TH CIRCLE #103
City-St-Zip: VERO BEACH, FL 32960

Title: VP (X) Change () Addition
Name: TARDIF, AMY B
Address: 3745 11TH CIRCLE #103
City-St-Zip: VERO BEACH, FL 32960

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: CHRISTOPHER P. TARDIF

MGR

05/01/2008

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