2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 07, 2007 8:00 am Secretary of State DOCUMENT # L06000100148 02-13-2007 90058 020 ****50.00 POCATELLO MOB INVESTORS LLC Principal Place of Business Mailing Address 11360 JOG ROAD, STE 200 11360 JOG ROAD, STE 200 30001832 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State 87-0784303 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent stansture required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition SINA, MALCOLM S NAME NAME STREET ADDRESS 11360 JOG ROAD, STE 200 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Change ■ Addition GALGANO, JAMES V STREET ADDRESS 11360 JOG ROAD, STE 200 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

TED NAME OF

FILED

561-641-9966 Dayline Phone #

2/13/2007-90058-020-\$50.00-\$50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1. Entity Nam	LLO MOB INVESTORS LLC			30001832 ATTACHMENT				
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Principal Place of Business 11360 IOG ROAD, STE 200 PALM BEACH GARDENS, FL 33418		11360 JOG ROAD, STE 200 PALM BEACH GARDENS, FL 33418						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite. Apt. #, etc.		Suite. Apt. #, etc.		01162007 C	hg-LLC	CR2E083		
City & State		City & State		4. FEI Number				oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		Fee	.00 Add Require	
	6. Name and Address of Current I	Registered Agent	Nome	7. Name and Add	ress of New Re	gistered Age	nt	
	ATION SERVICE COMPANY		L.—	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHAS	S STREET SSEE, FL 32301-2525		Street Addres	is (F U. BOX NUMBER IS F		, 		
			City			FL	Zip Cod	0
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regis	stered agent, or both, in	the State of Flor	ida. I am lam	iliar with,	and accept
SIGNATURE .	Signature, typed or printed harne of registered agent a	and talls if applicable (NOTE:	Registered Agent ingristure requ	ried when reinstacing)		DATE		
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9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/0	CHANGES		
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indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have th	e same legal effect as i	if made under oath; that	I am a managir	ther certify that ng member or	it the info manage	rmation r of the
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF EIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAID COVERS PROPER PROPERTY.								