2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

05-02-2008 90016 027 ***138.75 DOCUMENT # L07000070865 TOBEY ENTERPRISES, LLC 60038015 Principal Place of Business Mailing Address 25 BLACK HICKORY WAY 25 BLACK HICKORY WAY ORMOND BEACH, FL 32174-5705 US ORMOND BEACH, FL 32174-5705 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 26-0496270 Not Applicable 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 TOBEY, MARSHALL S Street Address (P.O. Box Number is Not Acceptable) 25 BLACK HICKORY WAY ORMOND BEACH, FL 32174-5705 City 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 Signature, typed or printed name of registered agent and fille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10, 9. ☐ Addition ☐ Delete TITLE Change TITLE TOBEY, MARSHALL S NAME NAME STREET ADDRESS 25 BLACK HICKORY WAY STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 321745705 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CATY-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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

4/29/08: HUB! Cl

TITLE

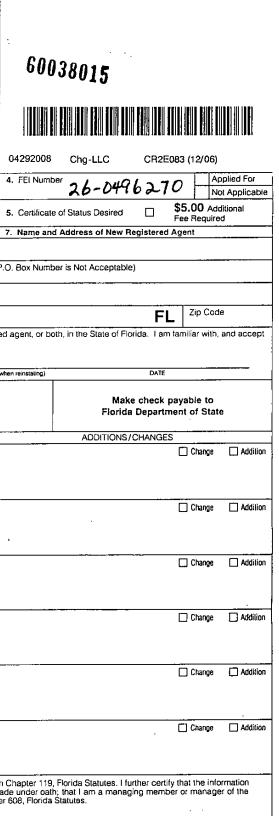
NAME

STREET ADDRESS

CITY-ST-ZIP

MARSHALL S ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 02, 2008 8:00 am Secretary of State



Daytime Phone #