2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120583

Entity Name: KOEBER, LLC

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16210 SADDLEWOOD LANE 1661 ESTERO BLVD.

CAPE CORAL, FL 33991 FORT MYERS BEACH, FL 33931 US

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 150340 1661 ESTERO BLVD.

CAPE CORAL, FL 33915 FORT MYERS BEACH, FL 33931 US

FEI Number: 26-1526405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPEESE, SIGRID 16210 SADDLEWOOD LANE CAPE CORAL, FL 33991 US

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

MGRM

KOEBER, THOMAS

2530 S.W. 37TH STREET

(X) Change () Addition

Electronic dignature of registered rigent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

 Title:
 MGRM () Delete
 Title:

 Name:
 KOEBER, THOMAS
 Name:

 Address:
 POST OFFICE BOX 150340
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33915
 City-St-Zip:
 CAPE CORAL, FL 33914 US

 Title:
 MGR () Delete
 Title:
 MGR (X) Change () Addition

Name: KOEBER, ANJÁ Name: KOEBER, ANJÁ

Address: POST OFFICE BOX 150340 Address: 2530 S.W. 37TH STREET
City-St-Zip: CAPE CORAL, FL 33915 City-St-Zip: CAPE CORAL, FL 33914 US

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: THOMAS KOEBER MGRM 04/13/2009