

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006281

Entity Name: OB SUNRISE LLC

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2150 GOODLETTE ROAD NORTH  
NAPLES, FL 34102

**New Principal Place of Business:**

200 WEST CONGRESS STREET  
LAFAYETTE, LA 70501

**Current Mailing Address:**

PO BOX 413040  
ATTN DAVID PEARSON  
NAPLES, FL 34101

**New Mailing Address:**

200 WEST CONGRESS STREET  
LAFAYETTE, LA 70501

FEI Number: 26-1775014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEARSON, DAVID  
2150 GOODLETTE ROAD NORTH  
NAPLES, FL 34102 US

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

COLLIER, MARK  
5310 EAST SR 64  
BRADENTON, FL 34208 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: COLLIER, MARK

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM

Name: IB SPE MANAGEMENT, INC.

Address: 200 WEST CONGRESS STREET

City-St-Zip: LAFAYETTE, LA 70501

I hereby 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: IB SPE MANAGEMENT, INC.

MGRM

04/14/2010

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