2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2009
Secretary of State

DOCUMENT# L08000093706

Entity Name: SOB 1, LLC

Current Principal Place of Business:

13014 N. DALE MABRY HWY
#357
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13014 N. DALE MABRY HWY
#357
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 26-3487820 **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:

BACON & BACON, P.A.
2959 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713 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:	MGRM	( ) Delete
Name:	CALDERBANK, CHRISTOPHER	
Address:	2959 FIRST AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713 US	
Title:	MGRM	( ) Delete
Name:	TRAVIS, CHRISTOPHER P	
Address:	2959 FIRST AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713 US	
Title:	MGRM	( ) Delete
Name:	TRAVIS, RICHARD C	
Address:	2959 FIRST AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713 US	
Title:	MGRM	( ) Delete
Name:	ET TRUST WITH DAVID BACON AS TRUSTEE	
Address:	2959 FIRST AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713 US	
Title:	MGRM	( ) Delete
Name:	MULE', MATTHEW J	
Address:	2959 FIRST AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33713 US	
Title:	MGRM	( ) Delete
Name:	STUTLER, DENVER J JR.	
Address:	2260 WEDNESDAY STREET; SUITE 200	
City-St-Zip:	TALLAHASSEE, FL 32308 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MATTHEW J. MULE' MGRM 07/05/2009

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