

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000062615

Entity Name: OBX PARTNERS, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

14735 WEST RIVER ROAD  
INGLIS, FL 34449

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PETER D. HOUCHIN  
P.O. BOX 146  
CRITZ, VA 24082

**New Mailing Address:**

FEI Number: 80-0616332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOUCHIN, PATRICIA A  
14735 WEST RIVER ROAD  
INGLIS, FL 34449 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  
Name: HOUCHIN, PETER D  
Address: 14735 WEST RIVER ROAD  
City-St-Zip: INGLIS, FL 34449

Title: MGRM  
Name: JAMAR, BENOIT P  
Address: 29 RAIDERS LANE  
City-St-Zip: DARIEN, CT 06820

Title: MGRM  
Name: BROWN, NORMAN H JR  
Address: 622 THIRD AVE, FL 12  
City-St-Zip: NEW YORK, NY 10017

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: PETER D. HOUCHIN

MGRM

04/29/2011

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