## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L93000000365

Entity Name: OBR MANAGEMENT, L.C.

FILED Apr 28, 2006 Secretary of State

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

4833 COLLINS AVE
MIAMI BEACH, FL 33140

4833 COLLINS AVENUE
C/O OBR SUITE 1714

MIAMI BEACH, FL 33140 US

Current Mailing Address: New Mailing Address:

4833 COLLINS AVE
MIAMI BEACH, FL 33140

4833 COLLINS AVENUE
C/O OBR SUITE 1714
MIAMI BEACH, FL 33140 US

FEI Number: 65-0443295 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASEE, FL 32301 US

M.J.F. REGISTERED AGENT CORP.
153 SEVILLA AVENUE
CORAL GABLES, FL 33134 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: MICHAEL J. FREEMAN, PRESIDENT 04/28/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MAN () Delete Title: DP (X) Change () Addition Name: MURRAY, JACQUES G Name: MURRAY, JACQUES G

Address: 22 RUE DE L'ATHENEE Address: 22 RUE DE L'ATHENEE City-St-Zip: GENEVA, SWITZERLAND, OC City-St-Zip: 1206 GENEVA, CH

Title: MAN () Delete Title: DS (X) Change () Addition Name: MURRAY, JEAN-JACQUES Name: PILLOIS, JEAN C

Address: 8054 FISHER ISLAND DRIVE Address: 4833 COLLINS AVENUE, SUITE 1714
City-St-Zip: FISHER ISLAND, FL City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DVP ( ) Change (X) Addition

Name: SEBAG, EMMÁNUEL

 Address:
 Address:
 4833 COLLINS AVENUE, SUITE 1714

 City-St-Zip:
 City-St-Zip:
 MIAMI BEACH, FL 33140 US

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

Name: Name: POLLARD, RICHARD J
Address: Address: 4833 COLLINS AVENUE, SUITE 1714

Address: Address: 4833 COLLINS AVENUE, SUITE 171: City-St-Zip: MIAMI BEACH, FL 33140 US

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

Name: Name: SIMMONDS, JOEL L
Address: Address: 4833 COLLINS AVENUE, SUITE 1714

City-St-Zip: Address. 4833 COLLING AVENUE, SOFTE IN City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUES G. MURRAY DP 04/28/2006