


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90034 042 \*\*\*\*50.00

<b>DOCUMENT # L99000002525</b> 1. Entity Name <b>COBBCORP, L.L.C.</b>			
Principal Place of Business <b>5811 PELICAN BAY BLVD SUITE 210 NAPLES, FL 34108</b>		Mailing Address <b>5811 PELICAN BAY BLVD SUITE 210 NAPLES, FL 34108</b>	
2. Principal Place of Business <i>800 Laurel Oak Dr Suite 210 Naples, FL 34108</i>		3. Mailing Address <i>800 Laurel Oak Dr Suite 210 Naples, FL 34108</i>	
4. FEI Number <b>59-3574455</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04202006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>COBB, BRIAN 5811 PELICAN BAY BLVD., #210 NAPLES, FL 34108</b>		7. Name and Address of New Registered Agent Name <i>Brian Cobb</i> Street Address (P.O. Box Number is Not Acceptable) <i>800 Laurel Oak Dr #210</i> City <i>Naples</i> <b>FL</b> Zip Code <i>34108</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Brian Cobb</i> DATE <i>4-10-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COBB, BRIAN 5811 PELICAN BAY BLVD., #210 NAPLES, FL 34108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KUSZLYK, JEANETTE 5811 PELICAN BAY BLVD., #210 NAPLES, FL 34108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COBB, DENISE 5811 PELICAN BAY BLVD #210 NAPLES, FL 34108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LECLAIR, DENIS 5811 PELICAN BAY BLVD. #210 NAPLES, FL 34108	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Jeanette Kuszlyk</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <i>4-10-06</i> Daytime Phone # <i>239-566-6051</i>	