

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

M00000000333

FILED

DOCUMENT # **M00000000333**

1. Entity Name

OBT, LLC



03 MAY 14 PM 4:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**900016662979
04/22/03--01043--002 **50.00**

2. Principal Place of Business 7209 S Orange Blossom Trail	3. Mailing Address P.O. Box 467365
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando, FL	City & State Atlanta, GA	4. FEI Number 582507131	Applied For <input type="checkbox"/> Not Applicable
Zip 32809	Country Orange	Zip 32809	Country Fulton
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **NationsCorp Registered Agents, Inc**

Street Address (P.O. Box Number is Not Acceptable)

526 East Park Avenue

City **Tallahassee**

FL

Zip Code
32301

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 **Ed Hamd President**

5/14/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Brian J McCarthy, President P.O. Box 467365 Atlanta, GA 31146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	05/15/03--01001--022 **150.00
--	--	--	--------------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BK
--	--	--	-----------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--	--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
--	--	--	---------------------------------------

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--	--	--

TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
--	--	--	--

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-16-03

Date

770-396-5212

Daytime Phone #

CR2E083B (12/02)