

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M00000002176

1. Entity Name
OBLADT INVESTMENTS, L.L.C.



Principal Place of Business
**14031 WEST HARDY
HOUSTON, TX 77060**

Mailing Address
**1041 CROWN PRK CIR
WINTER GARDEN, FL 34787**



05272008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0576020

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RABOUD, RON
2706 REW CIRCLE, SUITE 100
OCOE, FL 34761**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GINN, KELLY R
STREET ADDRESS	14031 WEST HARDY
CITY-ST-ZIP	HOUSTON, TX 77060
TITLE	MGR
NAME	RABOUD, RONALD J
STREET ADDRESS	1041 CROWN PARK CIR
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGR
NAME	COX, LAWRENCE E
STREET ADDRESS	1041 CROWN PRK CIR
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGR
NAME	GINN, A.R.
STREET ADDRESS	10943 NORTH SAM HOUSTON PKWY, WEST
CITY-ST-ZIP	HOUSTON, TX 77064
TITLE	MGR
NAME	DICKINSON, WAYNE
STREET ADDRESS	14031 WEST HARDY
CITY-ST-ZIP	HOUSTON, TX 77060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UP00000952418
06/04/08-80079-013 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #