

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000010608</b>	
1. Entity Name <b>REPUBLIC ENTERPRISES, LLC</b>	

Principal Place of Business <b>1360 N.W. 33RD ST. POMPANO BEACH FL 33064</b>	Mailing Address <b>1360 N.W. 33RD ST. POMPANO BEACH FL 33064</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number <b>65-1117080</b>				Applied For <input type="checkbox"/> No; <input type="checkbox"/> Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ROBERTSON, JIM 1360 N.W. 33RD STREET POMPANO BEACH FL 33064</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		

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.

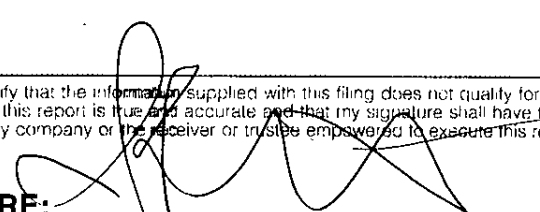
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent's signature required when registering)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State.**

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RETTERRATU, JASON</b>		NAME		
STREET ADDRESS	<b>10708 EL PARAISO PL</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>DELRAY BEACH FL 33446</b>		CITY - ST - ZIP		
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROBERTSON, JIM</b>		NAME		
STREET ADDRESS	<b>5954 NW 74TH TERR.</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>PARKLAND FL</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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 05/29/08-80006-001 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **JAMES A. ROBERTSON** 4/30/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date (Day, Month, Year)