

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90040 012 ****50.00

DOCUMENT # L05000002383

1. Entity Name
ANTONIO ROUBICEK, L.L.C.



Principal Place of Business
**900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102 US**

Mailing Address
**900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102 US**

2. Principal Place of Business
**1224 GINGER CIR.
Suite, Apt. #, etc.
WESTON FL
City & State**

3. Mailing Address
**P.O. Box 266611
Suite, Apt. #, etc.
City & State
Weston FL**

Zip
33326 Country
USA

Zip
33326 Country
FLORIDA

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2140030

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHWEIKHARDT, KATHERINE A
900 SIXTH AVENUE SOUTH
SUITE 203
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name
CRAIG J. Couture CPA

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

1112 1/2 N. Collier Blvd.

City
Marco Island FL Zip Code
34145

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 **CRAIG J. Couture**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/12/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MR, MSMB.
ANTONIO ROUBICEK
P.O. Box 266611
WESTON, FL 33326** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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: **Antonio Roubicek**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date
4/12/06 Daytime Phone #