

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004273

**FILED**  
**Jul 21, 2005**  
**Secretary of State**

**Entity Name:** ROBAMAR INVESTMENTS, LLC

**Current Principal Place of Business:**

1687 PASSION VINE CIRCLE  
WESTON, FL 33326

**New Principal Place of Business:**

P.O. BOX 266883  
WESTON, FL 33326

**Current Mailing Address:**

P.O. BOX 266883  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 65-0933833      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TYLER, WILLIAM  
6834 STIRLIJNG ROAD  
DAVIE, FL 33024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STEINBERG, MARSHA  
Address: P.O. BOX 266883  
City-St-Zip: WESTON, FL 33326

Title: MGRM ( ) Delete  
Name: LUCAS, ROBERT  
Address: P.O. BOX #266883  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARSHA STEINBERG

MGR

07/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date