

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90083 028 ****50.00

0025671

DOCUMENT # **L99000004273**



1. Entity Name
ROBAMAR INVESTMENTS, LLC

Principal Place of Business
**1687 PASSION VINE CIRCLE
WESTON FL 33326**

Mailing Address
**P.O. BOX 266883
WESTON FL 33326**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0933833**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUMSTEIN, MARK I
33 N.E. 2ND STREET, SUITE 101
FORT LAUDERDALE FL 33301**

Name **Stephen J. Straley, Esq**
Street Address (P.O. Box Number is Not Acceptable)

3990 Sheridan St #109

City **Hollywood Fla** FL Zip Code **33021**

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 *Stephen J Straley*

4-25-03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **STEINBERG, MARSHA**
CITY-ST-ZIP **P.O. BOX 266883
WESTON FL 33326**

TITLE Change Addition
NAME **MEMBER "MGR"**
STREET ADDRESS **MANAGER.**
CITY-ST-ZIP

TITLE Delete
NAME **MGRM**
STREET ADDRESS **LUCAS, ROBERT**
CITY-ST-ZIP **P.O. BOX #266883
WESTON FL 33326**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE Change Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Signature **MEM** 4-25-03 (954) 303-2624

CR2E083 (10/02)