2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 14, 2007 8:00 am DOCUMENT # F06000004559 **Secretary of State** 02-14-2007 90054 048 ***150.00 ROBERTS REALTY ADVISORS, INC. Mailing Address Principal Place of Business P.O. BOX 860158 PLANO 1X 75086-0158 2121 W. SPRING CREEK PKWY., #111 PLANO TX 75023 SEE BELOW 2. Principal Place of Business - No P.O. Box # 3. Mailing Address SAME AS #2 8551 EDERVILLE ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 75-2771338 FORT WORTH, Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 16120-5158 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. The above named entity surmits 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. 02.05.07 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ■ Addition TITLE Delete TITLE ROBERTS, BILLY J 8551 EDERVILLE ROAD NAME NAME 2121 W. SPRING CREEK PKWY., #111 STREET ADDRESS STREET ADDRESS. FORT WORTH, TX 76120-5158 PLANO TX-75023 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete HRE ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-SI-ZIP Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition THLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

FILED