2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F99373 1. Entity Name ROBERTS APARTMENTS, INC.					Feb 06, 2006 08:00 AM Secretary of State
Principal Plac	e of Business	Mailing A	ddress		
8201 HARDING AVE MIAMI BEACH FL 33141 US			. BAYSHORE D MIAMI FL 3318		
	lace of Business	3. Mailing	Address C	m =	S Small am The runte inche title (1915 1919 1911) and I mind divide which myner at a line t
Suite, Apt.	AME #, etc.	Suite, A	pr. #, etc	ME	1st MOORE CR2E034 (10/05)
City & Stat	B	City &	\$tate	{	4. FEL Number Applied For
·		<u> </u>			59-3367684 Not Applicant
Zip	Country	Zip		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered A			gent	Name	7. Name and Address of New Registered Agent
SCULTHORPE, ROBERT D 12540 N. BAYSHORE DRIVE					GO Paultimber in Mai Accordate)
12540 N. BAYSHORE DRIVE NORTH MIAMI BEACH FL 33181			Siteet Address (P.O. Box Number is Not Acceptable)	
,,,,		•		City	₹ Zip Code
The about	named antity colomita this atalaman to	r the purpos	of showsing its r		FL] '
 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. 1 am familiar with, and acceptive obligations of registered agent. 					
SIGNATURE NO CH				YGE	
Signature, typed or pretted name of registered agent and title if applicable (NOTE Registered Agent signature required when reminiately) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May E. Trust Fund Contribution. Added to Fees
10.	OFFICERS AND			111.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PSTD		☐ Delete	THE	☐ Change ☐ Addition
STREET ADDRESS	SCULTHORPE, ROBERT D 12540 N BAYSHORE DRIVE		-	NAME STREET ADDRESS	U00000424041 02/18/06-80033-009 158.75
CITY-ST-ZIP	N. MIAMI FL 33181			CITY-ST-ZIP	
TITLE NAME			☐ Delete	TIPLE NAME	☐ Change ☐ Address
STREET ADORESS CITY-ST-ZIP				STREET ADDRESS	
TITLE			☐ Delete	CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS		· <u>·</u> ·		NAME CZOSC / ADDOSCO	
CIFY-SI-ZIP				STREET AODRESS CITY-ST-ZIP	
BTLE			☐ Detete	TITLE	☐ Change ☐ Addition
NAMIC STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
T1712E NAME			Delete	TITLE NAME	☐ Change ☐ AAttiv
STREET ADDRESS				STREET ADDRESS	
TITLE			Cointo	CMY-ST-ZIP	Change C Addition
NAME			Delete	NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-219				STREET ADDRESS CITY-ST-ZIP	
12. I hereby	L	h this filing d	l pes not qualify for	the exemptions contains	nd 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 effect 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.					
SIGNATURE: Robert St. Scuttherhe 2/1/06 305-495-862					
CICINA	VIII.			<u></u>	

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