



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
 05 FEB - 7 PM 1:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # L00000000376</b> 1. Entity Name <b>ROBERT F. MALLETT, L.L.C.</b>	
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Principal Place of Business <b>390 NORTH ORANGE AVE., SUITE 1100          ORLANDO, FL 32801</b>	Mailing Address <b>390 NORTH ORANGE AVE., SUITE 1100          ORLANDO, FL 32801</b>
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DO NOT WRITE IN THIS SPACE

  
 01042005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
 390 NORTH ORANGE AVE., SUITE 1100  
 ORLANDO, FL 32801**

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IN THIS SPACE

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

Filing Fee is \$50.00  
 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MALLETT, ROBERT F
STREET ADDRESS	390 NORTH ORANGE AVE., SUITE 1100
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE

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02/15/05--01060--004 \*\*55.00

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:       2/3/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

Robert F. Mallett, Manager