2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L00000000376

1. Entity Name

ROBERT F. MALLETT, L.L.C.



Principal Place of Business

390 NORTH ORANGE AVE., SUITE 1100

ORLANDO, FL 32801

Mailing Address

390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801





02022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chair ions of registered agent.	anging its registered office or registered agent, or both, in the S	itate of Florida. I am familiar with, and accept
SIGNATURE_			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	MALLETT, ROBERT F		
STREET ADDRESS	390 NORTH ORANGE AVE., SUITE 1100		
CITY-ST-7IP	ORI ANDO EL 32801		

NAME STREET ADDRESS CITY-ST-7IP TITLE

100066834691 02/28/06--01050--023 **55.00

DO NOT WRITE IN THIS SPACE

Date

STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

TITLE

NAME

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NG MEMBER, OR AUTHORIZED REPRESENTATIVE

407.839.4200

Daytime Phone #