

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000005656

1. Entity Name  
ROBERTS FAMILY, L.L.C.



Principal Place of Business  
22574 N.E. SR 20  
HOSFORD, FL 32334

Mailing Address  
P.O. BOX 188  
HOSFORD, FL 32334



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
59-3661954

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

SMITH, W. CRIT  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

U00000445306  
03/07/06-80037-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBERTS, CHARLES W III
STREET ADDRESS	HIGHWAY 20
CITY-ST-ZIP	HOSFORD, FL 32333

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: Charles W. Roberts Charles W. Roberts

2/16/06

850-379-8116