2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 08:00 AM
Secretary of State

		AF IKEL OILI		Secretary of State
DOCUMENT # L00000006578				
1. Entity Name				
ROBERTS FAMILY PARTNERS, L.L.C.				
	e of Business	Mailing Address	v d ia in transition in the second	
	Calhoun Street E, FL 32303	800 NORTH CALHOUN STREET TALLAHASSEE, FL 32303		
11/FCI II IL MAC	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		וויום לאוום לאוום פונסט נונסט נונסט נונסט נונסט נונסט נונסט וואנוסט וואינוסט וואנוסט וואינוסט וואינוסטט וואינוסט וואינוסט וואינוסט וואינוסט וואינוסט וואינוסט וואינ
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				02162005 No Chg-LLC CR2E083 (10/03)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number Applied For
				59-3693465 Not Applicable
				5. Certificate of Status Desired
	6. Name and Address of Co	urrent Registered Agent		The state of the s
ROBERTS, C. PATRICK				DO NOT WRITE
800 NORTH CALHOUN STREET				
TALLAHASSEE, FL 32303				IN THIS SPACE
8. The above	named entity submits this staten	nent for the purpose of changing its registers	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
	tions of registered agent.			
SIGNATURE.		The Property of the Control of the C	N B	when reinstating) CATE
	Signature, typed or printed name of registers	d agent and title it applicable (NOTE, riegistare	Agent signature required	switch rensearing)
F.	iling Fee is \$50.00 ue by May 1, 2005			·
			-	
9.	MANAGING N	MEMBERS/MANAGERS		
TITLE NAME	ROBERTS, C. PATRICK			
STREET ADDRESS	800 NORTH CALHOUN ST	REET	•	U0000365114 05/09/05-80027-003 50.00
CITY-ST-ZIP	TALLAHASSEE, FL 32303		ran e	US/US/US-88821-883 3U.U8
TITLE NAME				
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STREET ADDRESS CITY-ST-ZIP			}	
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NAME			1	
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11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TOWARD OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Davime Phone #