

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003960

1. Entity Name
ROBERN INVESTMENTS, LLC



Principal Place of Business
**1053 POPLAR CIR.
FT LAUDERDALE, FL 33326**

Mailing Address
**1053 POPLAR CIR.
FT LAUDERDALE, FL 33326**

DO NOT WRITE IN THIS SPACE



07062004 No Chg-LLC

CR2E083 (10/03)

4. FBI Number
03-0469226

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZOMERFELD, RAYMOND J
999 PONCE DE LEON BLVD #1045
MIAMI, FL 33145**

**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 September 8, 2004**

U00000170384
08/19/04-80001-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FERNANDEZ, BERNADO B
1053 POPLAR CIRCLE
FORT LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FERNANDEZ, ROSA M
1053 POPLAR CIRCLE
FORT LAUDERDALE, FL 33326**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

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: ✓ *[Signature]* / *[Signature]*

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

✓ 8/12/04

Date

Daytime Phone # 384 3818301