## 2006 LIMITED LIABILITY COMPANY

## Feb 27, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # L01000013076 ROBERT CHARLES AND ASSOCIATES, LLC Mailing Address Principal Place of Business PO BOX 566 PO BOX 566 BOCA RATON, FL 33429 BOCA RATON, FL 33429 01302008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1155080 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SOKOLOFF, GARY DO NOT WRITE 1706 COSTA DEL SOL BOCA RATON, FL 33432 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. JN 31,2005 SIGNATURE (NOTE, Registered Agent signature required when reinstating, or printed name of registered agent and title if applicable. Filling Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 8. TITLE SOKOLOFF, GARY NAME STREET ADDRESS 3639 SW 24TH LANE 000000447267 03/08/06-80049-003 50.00 CITY-ST-ZIP DELRAY BEACH, FL 33445 TITLE JASKIEWICZ, EDWARD C NAME 7400 ROSEWOOD CIR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED