


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90141 004 \*\*\*\*50.00

<b>DOCUMENT # L01000019814</b>	
1. Entity Name ROBLES REALTY, LLC	

Principal Place of Business 5058 S. CONWAY RD ORLANDO, FL 32812	Mailing Address 9671 SWEETLEAF ST ORLANDO, FL 32827
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2. Principal Place of Business 8740 DANFORTH DRIVE Suite, Apt. #, etc.	3. Mailing Address 8740 DANFORTH DRIVE Suite, Apt. #, etc.
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City & State WINDERMERE, FL	City & State WINDERMERE, FL
Zip 34786	Country ORANGE
Zip 34786	Country ORANGE

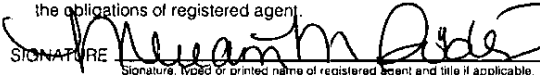
20002049



01122006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent ROBLES, MIRIAM M 9671 SWEETLEAF ST ORLANDO, FL 32827	
7. Name and Address of New Registered Agent Name MIRIAM M. ROBLES Street Address (P.O. Box Number is Not Acceptable) 9671 DANFORTH DRIVE City WINDERMERE, FL Zip Code 34786	

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.

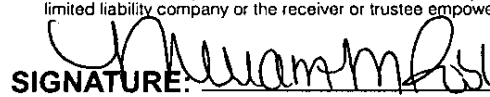
SIGNATURE  MIRIAM M. ROBLES DATE 01-12-2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBLES, MIRIAM M PRES 9671 SWEETLEAF STREET ORLANDO, FL 32827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBLES, SERGIO 9671 SWEETLEAF ST ORLANDO, FL 32827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  MIRIAM M. ROBLES-MGRM DATE 01/12/06 407-296-1614

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