



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90041 031 \*\*\*\*50.00

<b>DOCUMENT # L01000019814</b> 1. Entity Name <b>ROBLES REALTY, LLC</b>					
Principal Place of Business <b>8740 DANFORDA DR WINDERMERE, FL 34786</b>			Mailing Address <b>8740 DANFORDA DR WINDERMERE, FL 34786</b>		
2. Principal Place of Business - No P.O. Box # <b>3123 Dick Wilson Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>3123 Dick Wilson Dr</b> Suite, Apt. #, etc.			
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>		4. FEI Number <b>27-0025506</b>	
Zip <b>34240</b>		Country <b>SARASOTA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBLES, MIRIAM M 9671 DANFORDA DR WINDERMERE, FL 34786</b>				7. Name and Address of New Registered Agent Name <b>Robles, Miriam M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3123 Dick Wilson Dr</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34240</b>	
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 <u><i>Miriam M. Robles</i></u> DATE <u>1/13/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
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	<b>3123 Dick Wilson Dr Sarasota FL 34240</b>
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	<b>3123 Dick Wilson Dr Sarasota FL 34240</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <u><i>Miriam M. Robles</i></u> <b>Miriam Robles - Manager</b>				Date <u>01/13/07</u> Daytime Phone #	