


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90037 037 ***138.75

DOCUMENT # L02000016886	
1. Entity Name ROBERT MAHER, LLC	

Principal Place of Business 1601 JACKSON STREET SUITE 201 FORT MYERS, FL 33901 US	Mailing Address 1601 JACKSON STREET SUITE 201 FORT MYERS, FL 33901 US
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60009838



2. Principal Place of Business - No P.O. Box # 1611 SANTA BARBARA Blvd	3. Mailing Address 1611 SANTA BARBARA Blvd
Suite, Apt. #, etc. SUITE C	Suite, Apt. #, etc. SUITE C
City & State CAPE CORAL, FL	City & State CAPE CORAL, FL
Zip 33991	Country US

02192008 Chg-LLC CR2E083 (12/06)

4. FEI Number
52-2367497

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAHER, ROBERT T
1601 JACKSON STREET
SUITE 201
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

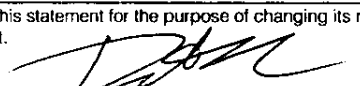
Name **ROBERT T. MAHER**

Street Address (P.O. Box Number is Not Acceptable)
1611 SANTA BARBARA Blvd

SUITE C

City **CAPE CORAL** State **FL** Zip Code **33991**

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  DATE **2/20/08**

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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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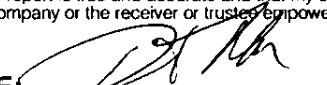
9. MANAGING MEMBERS/MANAGERS

TITLE MGR	<input checked="" type="checkbox"/> Delete
NAME MAHER, ROBERT T	
STREET ADDRESS 1601 JACKSON STREET, SUITE 201	
CITY-ST-ZIP FORT MYERS, FL 33901	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROBERT T. MAHER	
STREET ADDRESS 1611 SANTA BARBARA Blvd, SUITE C	
CITY-ST-ZIP CAPE CORAL, FL 33991	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Robert T Maher MGR** Date **2/20/08**

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