2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS

Jan 24, 2005 08:00 AM Secretary of State DOCUMENT # L03000001325 1. Entity Name ROBCAT, LLC Principal Place of Business Mailing Address 6233 OLD RANCH ROAD **6233 OLD RANCH ROAD** SARASOTA, FL 34241 SARASOTA, FL 34241 01152005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1648174 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TURNER, JAMES L DO NOT WRITE 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 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) uooooo19}}്്522 01/24/05-80159-002 50.00 Filing Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS TITLE MGR GOURLEY, ROBINSON B MR. NAME STREET ADDRESS 6233 OLD RANCH ROAD CITY-ST-ZIP SARASOTA, FL 34241 TILE GOURLEY, DANA L MRS. NAME STREET ADDRESS 6233 OLD RANCH ROAD CITY-ST-ZIP SARASOTA, FL 34241 TITLE NAME STREET ADDRESS DO NOT WRITE

FILED

IN THIS SPACE

CITY-ST-ZIP 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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE EMBER OR AUTHORIZED REPRESENTATIVE