



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 22, 2004 8:00 am
Secretary of State

06-22-2004 90066 005 ****50.00

DOCUMENT # L03000006133 1. Entity Name ROBY, LLC					
Principal Place of Business 3401 HENDERSON BLVD., SUITE H, TAMPA FL 33609			Mailing Address 3401 HENDERSON BLVD., SUITE H TAMPA FL 33609		
2. Principal Place of Business 5510 N. SUWANEE AVE Suite, Apt. #, etc. Tampa, FL 33604 City & State TAMPA FL 33604 Zip Country USA		3. Mailing Address 5510 N. Suwanee Ave. Suite, Apt. #, etc. TAMPA, FL 33604 City & State TAMPA FL 33604 Zip Country USA		14024211  MOORE CR2E083 (11/03)	
4. FEI Number 56-231-6735				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent TOBOROWSKY, LEIGH 3401 HENDERSON BLVD., SUITE H TAMPA FL 33609			7. Name and Address of New Registered Agent Name Leigh Toborowsky Street Address (P.O. Box Number is Not Acceptable) 5510 N. Suwanee Ave City TAMPA FL Zip Code 33604		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHIFRA ROYFFE MGRM <input type="checkbox"/> Delete 13424 Thomasville Circle Tpa FL 33617		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	
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 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Leigh Toborowsky, Leigh Toborowsky 6-14-04 813-231-5887 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					