


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90012 015 \*\*\*\*50.00

**DOCUMENT # L03000007712**

1. Entity Name  
**ROBARTS FUNERAL HOME AND CREMATION SERVICE OF BARTOW, L.L.C.**



Principal Place of Business      Mailing Address  
 POST OFFICE BOX 519      POST OFFICE BOX 519  
 WAUCHULA, FL 33873      WAUCHULA, FL 33873

**24069936**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04232004    Chg-LLC    CR2E083 (10/03)

4. FEI Number      Applied For  
**65-1176578**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAVARY, JOHNSON S JR.**  
**% DUNLAP & MORAN, P.A.**  
**22 SOUTH LINKS AVENUE, SUITE 300**  
**SARASOTA, FL 34236**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_  
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, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROBARTS, DENNIS	
STREET ADDRESS	529 WEST MAIN STREET/POST OFFICE BOX 519	
CITY-ST-ZIP	WAUCHULA, FL 33873	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROBARTS, DENNIS	
STREET ADDRESS	529 WEST MAIN STREET/POST OFFICE BOX 519	
CITY-ST-ZIP	WAUCHULA, FL 33873	
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	<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
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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 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:** *Dennis Roberts*      **4-28-04**      **863-519-5595**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #