2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000008493

1. Entity Name ROBERT G. FEGERS, P.L.



FILED Jan 11, 2007 08:00 AM Secretary of State

Principal Place of Business

TIME SQUARE BUILDING 340 WEST CENTRAL AVE, STE 330 WINTER HAVEN, FL 33880

Mailing Address

PO BOX 7692

WINTER HAVEN, FL 33883-7692



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 75-3107483

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FEGERS, ROBERT G

TIME SQ. BLDG 340 W CTRL AVE STE 330

WINTER HAVEN, FL 33880

DO NOT WRITE 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 little if applicable

(NOTE, Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

| | • |
|---------------------------------------|--|
| 9. | MANAGING MEMBERS/MANAGERS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FEGERS, ROBERT G 340 W CTRL AVE STE 330 WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WR IN THIS SPACE

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:

1/8/07

863-294-3600

Daytime Phone #