

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016044

FILED  
Jan 22, 2004  
Secretary of State

**Entity Name:** ROB'S TORTOISE WORLD, L.L.C.

**Current Principal Place of Business:**

34820 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

34820 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 32-0074436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHECHELE, T. S  
CHECHELE & JENSEN, LLC  
5625 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: MURPHY, JOEL D  
Address: 3414 DEERFIELD LANE  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR ( ) Delete  
Name: ULERY, ROBERT  
Address: 1621 AMBERGLEN DRIVE  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOEL MURPHY

MGR

01/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date