


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000031956</b> 1. Entity Name <b>ROBERTS MEDICAL PLAZA, LLC</b>	
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Principal Place of Business <b>453 N. KIRKMAN ROAD ORLANDO, FL 32811</b>	Mailing Address <b>453 N. KIRKMAN ROAD ORLANDO, FL 32811</b>
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-2412539</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**KANE, STEVEN H  
557 N. WYMORE ROAD, SUITE 100  
MAITLAND, FL 32751**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, ROBERT S 453 N KIRKMAN RD # 201 ORLANDO, FL 32811
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01/26/07-80043-024 150.00

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.

<b>SIGNATURE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>1/18/2007</b> <small>Date Daytime Phone #</small>
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