#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### FILED Apr 21, 2008 08:00 A Secretary of State

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1. Entity Name

ROBÉRT C. GREGG, LLC



Principal Place of Business

7242 SPRINGHILL RD TALLAHASSEE, FL 32305

Mailing Address

7242 SPRINGHILL RD TALLAHASSEE, FL 32305



## DO NOT WRITE IN THIS SPACE

04152008No Chg-LLC CR2E083 (12/07)

 4. FEI Number
 Applied For

 59-2813973
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGG, ROBERT C 7242 SPRINGHILL RD TALLAHASSEE, FL 32305

# 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

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000911265 05/07/08~80033~013 138.75

8.	MANAGING MEMBERS/MANAGERS			
THLE	MGRM			
NAME	GREGG, ROBERT C			
STREET ADDRESS	7242 SPRINGHILL RD			
CITY-ST-ZIP	TALLAHASSEE, FL 32305			
TITLE	MGRM			
NAME	GREGG, DIANE W			
STREET ADDRESS	7242 SPRINGHILL RD			
CITY-ST-ZIP	TALLAHASSEE, FL 32305			
TITLE				
NAME				
STREET ADDRESS				
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TITLE	•			
NAME	•			
STREET ADDRESS				
CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the				

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Kobet College

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-16-08

850 576-293

Daytime Phone #