2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Jan 27, 2006 08:00 AN DOCUMENT # L03000045878 **Secretary of State** ROBALO PROPERTIES, LLC Mailing Address Principal Place of Business P.O. BOX 309 1125 125TH STREET, SUITE C VERO BEACH, FL 32961 VERO BEACH, FL 32960 01202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1193810 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent HENSICK, WILLIAM B DO NOT WRITE 1125 12TH ST STE C VERO BEACH, FL 32960 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required whan reinstating) Filing Fee is \$50.00 Due by May 1, 2006 <u>U00000404319</u> 02/06/06 80044-002 50.00 MANAGING MEMBERS/MANAGERS 9, TITLE MGR HENSICK, WILLIAM B NAME 1125 125TH STREET, SUITE C STREET ADDRESS City-ST-ZIP VERO BEACH, FL 32960 TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TELLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-SI-ZIP

Daytime Phone #