2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT #L03000045878

1. Entity Name ROBALO PROPERTIES, LLC



FILED Jan 17, 2008 08:00 A Secretary of State

Principal Place of Business

1125 125TH STREET, SUITE C VERO BEACH, FL 32960

Mailing Address

P.O. BOX 309

VERO BEACH, FL 32961



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 57-1193810

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENSICK, WILLIAM B 1125 12TH ST STE C VERO BEACH, FL 32960

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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acc the state of Florida. I am familiar with, and acc the state of Florida Statutes. I further certify that the Information and the State of Florida Statutes. I further certify that the Information and the State of Florida Statutes. I further certify that the Information and the State of Florida Statutes. I further certify that the Information and the State of Florida Statutes. I further certify that the Information and the State of Florida Statutes. I further certify that the Information and the State of Florida Statutes. I further certify that the Information and the State of Florida Statutes. I further certify that the Information and the State of Florida Statutes. I further certify that t								
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SIGNATURE: Date Described Name of Signing Managing Member, or Authorized Representative Date Daving Proces								