

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90026 031 \*\*\*\*50.00

<b>DOCUMENT # L03000048099</b>			
<b>1. Entity Name</b> ROBERT'S FURNITURE, LLC			
<b>Principal Place of Business</b> 1349 N.W. 88TH AVE. MIAMI, FL 33172		<b>Mailing Address</b> 1349 N.W. 88TH AVE. MIAMI, FL 33172	
<b>2. Principal Place of Business</b> 1648 NW 87 Av.		<b>3. Mailing Address</b> 1648 NW 87 Av.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL	
<b>Zip</b> 33172		<b>Country</b> MIAMI-LAKE	
<b>4. FEI Number</b> 56-2419937		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> MONTEJO, ROBERTO <del>1349 N.W. 88TH AVE.</del> 1648 NW 87th. Ave. MIAMI, FL 33172		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> MGR	<b>NAME</b> MONTEJO, ROBERTO	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> <del>1349 N.W. 88TH AVE.</del> 1648 NW 87th. Ave.	CITY-ST-ZIP MIAMI, FL 33172		
<b>TITLE</b> MGR	<b>NAME</b> MONTEJO, OLGA	<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> <del>1349 N.W. 88TH AVE.</del> 1648 NW 87th. Ave.	CITY-ST-ZIP MIAMI, FL 33172		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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>			
<b>SIGNATURE:</b> <u>Olga Montej</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date _____ Daytime Phone # _____			