
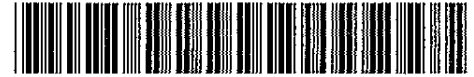


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000048213</b> 1. Entity Name <b>FRED ROBERTS, LLC</b>	
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Principal Place of Business <b>9771 BAHAMA DRIVE</b> <b>MIAMI FL 33189</b> <b>US</b>	Mailing Address <b>9771 BAHAMA DRIVE</b> <b>MIAMI FL 33189</b> <b>US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

**ROBERTS, FRED K**  
**9771 BAHAMA DRIVE**  
**MIAMI FL 33189**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		<input type="checkbox"/> Delete
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROBERTS, FRED K	
STREET ADDRESS	9771 BAHAMA DRIVE	
CITY-ST-ZIP	MIAMI FL 33189	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
		<input type="checkbox"/> Change	<input type="checkbox"/> Add
		<input type="checkbox"/> Change	<input type="checkbox"/> Add
		<input type="checkbox"/> Change	<input type="checkbox"/> Add
		<input type="checkbox"/> Change	<input type="checkbox"/> Add
		<input type="checkbox"/> Change	<input type="checkbox"/> Add
		<input type="checkbox"/> Change	<input type="checkbox"/> Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Fred K. Roberts **Fred K. Roberts** 1/24/2006 305-254-2153  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #