

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 14, 2006  
Secretary of State**

DOCUMENT# L03000049589

Entity Name: ROBERT B. COMLY, LLC

**Current Principal Place of Business:**

9818 PREAKNESS STAKES WAY  
DADE CITY, FL 33525 US

**New Principal Place of Business:**

**Current Mailing Address:**

9818 PREAKNESS STAKES WAY  
DADE CITY, FL 33525 US

**New Mailing Address:**

FEI Number: 20-0449050      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COMLY, ROBERT B  
9818 PREAKNESS STAKES WAY  
DADE CITY, FL 33525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COMLY, ROBERT B  
Address: 9818 PREAKNESS STAKES WAY  
City-St-Zip: DADE CITY, FL 33525 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT B. COMLY

MR.

01/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date