


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L03000053827 1. Entity Name ROBERT BEAVERS LLC	
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Principal Place of Business 2727 BAY STREET SARASOTA, FL 34237	Mailing Address 2727 BAY STREET SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BEAVERS, ROBERT 2727 BAY STREET SARASOTA, FL 34237

DO NOT WRITE 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 Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and (the if applicable). (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAVERS, ROBERT 2727 BAY STREET SARASOTA, FL 34237
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<p>U00000886044 04/18/08-80039-010 143.75</p> DO NOT WRITE IN THIS SPACE
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.
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SIGNATURE: <u>Robert Beaver</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>4-4-08</u> <u>941-955-5357</u> <small>Date Daytime Phone #</small>
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