


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

|   |   |
|---|---|
| <b>DOCUMENT # L03000053827</b><br>1. Entity Name<br><b>ROBERT BEAVERS LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>2727 BAY STREET<br/>SARASOTA, FL 34237</b> | Mailing Address<br><b>2727 BAY STREET<br/>SARASOTA, FL 34237</b> |
|--|--|

DO NOT WRITE IN THIS SPACE



04042008 No Chg-LLC      CR2E083 (12/07)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b>                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|  |                               |
|--|-------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>BEAVERS, ROBERT<br/>2727 BAY STREET<br/>SARASOTA, FL 34237</b> | DO NOT WRITE<br>IN THIS SPACE |
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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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS |                    |
|------------------------------|--------------------|
| TITLE                        | MGRM               |
| NAME                         | BEAVERS, ROBERT    |
| STREET ADDRESS               | 2727 BAY STREET    |
| CITY-ST-ZIP                  | SARASOTA, FL 34237 |
| TITLE                        |                    |
| NAME                         |                    |
| STREET ADDRESS               |                    |
| CITY-ST-ZIP                  |                    |
| TITLE                        |                    |
| NAME                         |                    |
| STREET ADDRESS               |                    |
| CITY-ST-ZIP                  |                    |
| TITLE                        |                    |
| NAME                         |                    |
| STREET ADDRESS               |                    |
| CITY-ST-ZIP                  |                    |

DO NOT WRITE  
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U00000886044  
 04/18/08-80033-010 143.75

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.

**SIGNATURE:** Robert Beavers      4-4-08      941-955-5357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #