2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000001243

1. Entity Name
RICHARD L. ROBERTS, JR. LLC

Principal Place of Business	Mailing Address
480 27TH STREET S.W. NAPLES, FL 34117	480 27TH STREET S.W. NAPLES, FL 34117

DO NOT WRITE IN THIS SPACE

02142007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
[X] Not Applicable

5. Certificate of Status Desired [X]   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, RICHARD L JR
480 27TH STREET S.W.
NAPLES, FL 34117

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

U000000680722
04/04/07-80013-009 5.00

Filing Fee is $50.00
Due by May 1, 2007

U000000680722
04/04/07-80012-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBERTS, RICHARD L JR
STREET ADDRESS	480 27TH STREET S.W.
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	MGRM
NAME	ROBERTS, DAVID
STREET ADDRESS	480 27TH STREET S.W.
CITY-ST-ZIP	NAPLES, FL 34117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   3-18-7   2394554644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #