



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90016 045 ****50.00

DOCUMENT # L04000013269 1. Entity Name DAVID A. ROBERT REAL ESTATE INVESTMENT GROUP L.L.C.					
Principal Place of Business 316A MEMORY LANE PANAMA CITY BEACH, FL 32413				Mailing Address 316A MEMORY LANE PANAMA CITY BEACH, FL 32413	
2. Principal Place of Business 130 Sun Lane Suite, Apt. #, etc.		3. Mailing Address 130 SUN LANE Suite, Apt. #, etc.			
City & State Panama City Beach, FL Zip 32413 Country United States		City & State Panama City Beach, FL Zip 32413 Country United States		4. FEI Number 04-3786118	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VAN LEER, ROBERT J 316A MEMORY LANE PANAMA CITY BEACH, FL 32413				7. Name and Address of New Registered Agent Name Robert J. Van Leer Street Address (P.O. Box Number is Not Acceptable) 130 SUN LANE City Panama City Beach FL Zip Code 32413	
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 Robert J. Van Leer DATE 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN LEER, ROBERT J 316A MEMORY LANE PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Van Leer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 130 SUN LANE Panama City Beach, FL 32413		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENTMAN, DAVID L 3 EAGLE WAY AVONDALE, PA 19311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 J. Van Leer <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/18/05		Daytime Phone # 850-234-8651