

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017665

Entity Name: ROBE AMERICA, L.L.C.

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

5299 NW 108 AVE
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

5299 NW 108 AVE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 90-0193428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JEFFREY R. EISENSMITH, P.A.
ONE FINANCIAL PLAZA, STE 1600
FORT LAUDERDALE, FL 33394 US

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: VALCHAR, JOSEF
Address: 840 NW 73RD TERR
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: PETREK, LADISLAV
Address: 840 NW 73RD TERR
City-St-Zip: PLANTATION, FL 33317

Title: MGRM () Delete
Name: CARATTINI, MICHAEL
Address: 840 NW 73RD TERR
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

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

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

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: MICHAEL CARATTINI

MGRM

07/05/2006

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