

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020787

FILED  
Jul 26, 2006  
Secretary of State

**Entity Name:** DALE E. ROBERTS & ASSOCIATES, LLC

**Current Principal Place of Business:**

2496 RIDDLE COURT  
DELTONA, FL 32725 US

**New Principal Place of Business:**

**Current Mailing Address:**

2496 RIDDLE COURT  
DELTONA, FL 32725 US

**New Mailing Address:**

FEI Number: 11-3714746      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:**

ROBERTS, DALE E  
2496 RIDDLE COURT  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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: ROBERTS, DALE E  
Address: 2496 RIDDLE COURT  
City-St-Zip: DELTONA, FL 32725 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBERTS, DALE E PRES/SR  
Address: 2496 RIDDLE COURT  
City-St-Zip: DELTONA, FL 32725 US

Title: MRS ( ) Change (X) Addition  
Name: ROBERTS, JACQUELINE E EX. ADM  
Address: 2496 RIDDLE COURT  
City-St-Zip: DELTONA, FL 32725 US

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: JACQUELINE E. ROBERTS

MRS.

07/26/2006

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