

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028573

1. Entity Name
ROBERT MINEAR LIMITED LIABILITY COMPANY



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 22 AM 10:14

Principal Place of Business
9001 FOX BROWN RD., B
INDIAN TOWN, FL 34957

Mailing Address
P.O. BOX 271
PALM CITY, FL 34991

2. Principal Place of Business

3. Mailing Address

9001 Fox Brown Rd B
Suite, Apt. #, etc.

P.O. Box 271
Suite, Apt. #, etc.



08192005 / Chg-LLC CR2E083 (10/03)

City & State

City & State

Indian town FL

Palm city FL

Zip 34956

Country MARTIN

Zip 34991

Country MARTIN

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00-Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINEAR, ROBERT
9001 FOX BROWN RD
INDIAN TOWN, FL FL349-57

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MINEAR, ROBERT
STREET ADDRESS P.O. BOX 271
CITY-ST-ZIP PALM CITY, FL 34991

TITLE
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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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CITY-ST-ZIP

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 Minear

Sept 16 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #