## 3 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000030896

1. Entity Name ROBRICK, LLC



FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1949 RADCLIFFE DR, NORTH CLEARWATER, FL 33763 1949 RADCLIFFE DR, NORTH CLEARWATER, FL 33763

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01042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 38-3705028

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

POWELL, RICHARD W 1949 RADCLIFFE DR, NORTH CLEARWATER, FL 33763

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

01-04-06

727-422-1833

the abligat	tions of registered agent.	Austria instruction of the distriction admit of the	nn, in the state of Florida. I am familiar with, and accept
SIGNATURE.	Rich W. Bowell	-	01-04-06
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		U000003 <b>80</b> 681 01/11/06-80023-009 55.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, RICHARD W MGR 1949 RADCLIFFE DR. N. CLEARWATER, FL 33763		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del>-</del>
TITLE MAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE Name Street address City-St-Zip			
TITLE Name Street address City-St-Zip			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sh billity company or the receiver or trustee empowered to exec	ualify for the exemptions contained in Chapter 11 all have the same legal effect as if made under oute this report as required by Chapter 608, Florid	Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the a Statutes.