


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2006 8:00 am
Secretary of State

09-13-2006 90046 001 ****50.00

DOCUMENT # L04000031892		
1. Entity Name ROBERT W. AGUE, LLC <i>Robert Ague</i>		
Principal Place of Business 710 ALBRITTON AVENUE SARASOTA FL 34232	Mailing Address 710 ALBRITTON AVENUE SARASOTA FL 34232	



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 710 ALBRITTON AVE Suite, Apt. #, etc.
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2nd MOORE CR2E083 (4/06)

City & State SARASOTA FL	City & State SARASOTA FL	4. FEI Number 18-1448538	Applied For <input type="checkbox"/> Not Applicable
Zip 34232	Country SARASOTA	Zip 34232	Country SARASOTA
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent AGUE, ROBERT W 710 ALBRITTON AVENUE SARASOTA FL 34232		7. Name and Address of New Registered Agent Name ROBERT AGUE Street Address (P.O. Box Numbers Not Acceptable) 710 ALBRITTON AVE City SARASOTA FL 34232	
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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 Ague*
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AGUE, ROBERT W 710 ALBRITTON AVENUE SARASOTA FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Ague*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #