2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 22, 2005 8:00 am **DOCUMENT # L04000033636** Secretary of State 08-22-2005 90188 002 ****50.00 **ROBÉRTS & ASSOCIATES, LLC** Principal Place of Business Mailing Address 2045 WOODYDFIVE 2045 WOODYDFIVE WINDERWEFE, FL 34786 WINDERMETE, FL 34786 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08032005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 14.1908179 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OZBURN, ROBERT N Street Address (P.O. Box Number is Not Acceptable) 2045 WOODY DRIVE WINDERMERE, FL 34786 City 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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME OZBURN, ROBERT N NAME STREET ADDRESS 2045 WOODY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE, FL 34786 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TELLE ☐ Delete ППF ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.