

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90075 007 ****50.00

DOCUMENT # L04000037350

1. Entity Name

ROBERT D. KETCHUM, LLC



Principal Place of Business

6002 N. WICKHAM RD.
UNIT 01
MELBOURNE FL

Mailing Address

2181 CHERYL CT.
MELBOURNE FL 32935

2. Principal Place of Business

Uncle Bob's Self Storage
Suite, Apt. #, etc.
6005 N. WICKHAM RD

3. Mailing Address

Robert Ketchum
Suite, Apt. #, etc.
2181 Cheryl Ct



1st MOORE

CR2E083 (10/04)

City & State

Melbourne FL

City & State

Melbourne FL 32935

4. FEI Number

59-1624581

Applied For

Not Applicable

Zip

32904

Country

FLORIDA

Zip

32935

Country

FLORIDA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

METCALF, SCOTT
264 WEST DR.
MELBOURNE FL 32904

7. Name and Address of New Registered Agent

Name

N/A

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME KETCHUM, ROBERT D
STREET ADDRESS 2181 CHERYL CT.
CITY-ST-ZIP MELBOURNE FL 32935

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10. ADDITIONS / CHANGES

TITLE
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STREET ADDRESS
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.

SIGNATURE: *Robert D. Ketchum*

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

JAN-22-2005

Date

Daytime Phone #