

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045065

1. Entity Name
MARILYN ROBERTS & ASSOCIATES LLC



Principal Place of Business
**10328 S.W. 49TH LANE
GAINESVILLE, FL 32608 US**

Mailing Address
**10328 S.W. 49TH LANE
GAINESVILLE, FL 32608 US**



02112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1248216

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, MARILYN S
10328 S.W. 49TH LANE
GAINESVILLE, FL 32608**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBERTS, MARILYN S
STREET ADDRESS	10328 S.W. 49TH LANE
CITY- ST- ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	ROBERTS, JERRY R
STREET ADDRESS	10328 S.W. 49TH LANE
CITY- ST- ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	ROBERTS, JUSTIN G
STREET ADDRESS	5745 S.W. 75TH STREET, SUITE 211
CITY- ST- ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	MCALISTER, MICHAEL A
STREET ADDRESS	5745 S.W. 75TH STREET, SUITE 211
CITY- ST- ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000434583
02/25/06-80008-011 50.00

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IN THIS SPACE**

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: *Marilyn Roberts*

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

Date

Daytime Phone #

Jerry R. Roberts

2-13-06 352-378-2598