


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008 08:00 A
Secretary of State

DOCUMENT # L04000045065 1. Entity Name MARILYN ROBERTS & ASSOCIATES LLC	
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Principal Place of Business 10328 S.W. 49TH LANE GAINESVILLE, FL 32608 US	Mailing Address 10328 S.W. 49TH LANE GAINESVILLE, FL 32608 US
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01122008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1248216	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 resigning) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

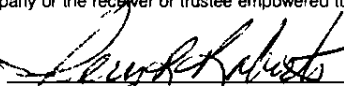
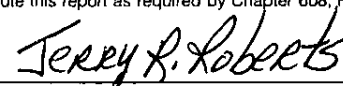
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, MARILYN S 10328 S.W. 49TH LANE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, JERRY R 10328 S.W. 49TH LANE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, JUSTIN G 5745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

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01/16/08-80082-007 138.75

**DO NOT WRITE
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:

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

Date

Daytime Phone #

1-11-2008

(352)

378-2598