## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

राज्य है। देश हैं के बेहर रोक मेरी कुछ कुछ साहित्र की किए है। को छात्र की है है है है के स्वाहर

DOCUMENT # L04000052525

1. Entity Name
ROBWYN STREET INVESTMENTS, LLC

FILED
Jan 22, 2007 08:00 AM
Secretary of State

Principal Place of Business

8867 SE ROBWYN STREET HOBE SOUND, FL 33455

Mailing Address

P. O. BOX 1825

HOBE SOUND, FL 33475



01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
20-1394239	Not Applicable
E Cartificate of Status Desired	 \$5.00 Additional

8. Name and Address of Current Registered Agent

ADDISON, STEPHEN D 8867 SE ROBWYN STREET HOBE SOUND, FL 33455 DO NOT WRITE IN THIS SPACE

		the digital transaction and in the court of the contraction of the con		
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.  U00000598606 SIGNATURE  01/24/07-80080-022 50, 00				
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, 2007				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CATY-ST-ZAP	MGRM S&S RENTAL & INVESTMENT PROPERTIES, LLC 8867 SE ROBWYN STREET HOBE SOUND, FL 33455	िर्देश के किया के किया के किया किया किया किया किया किया किया किया		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		से महिन हुन ही त्याम पहुँच में कुन होने हुन होते हैं है		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		BONOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		निर्देश कर्ता क्रिक्षण कर्ता है कि कि कि कार्य के कि		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ने कि होती के कि तो है। कि पूर्व की बीच के बीच के कि हो कि वहाँ के हैं। कुछ कर के कि है के कि वहाँ के कि है के कि को मोदी कुछ के तम बीच के कि बीच के कि बीच के कि वहाँ		

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:

Steve Add.

1/17/07

Daytime Phone #