


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90373 048 \*\*\*\*55.00

<b>DOCUMENT # L04000054086</b>					
<b>1. Entity Name</b> ROBERT EDMISTEN LLC					
<b>Principal Place of Business</b> 8086 101 ST AVE VERO BEACH, FL 32967			<b>Mailing Address</b> 8086 101 ST AVE VERO BEACH, FL 32967		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3269185	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EDMISTEN, ROBERT 8086 101ST AVE VERO BEACH, FL 32968  <i>Zip Code Correction only</i>			<b>7. Name and Address of New Registered Agent</b> Name <u>EDMISTEN, ROBERT</u> Street Address (P.O. Box Number is Not Acceptable) <u>8086 101<sup>ST</sup> AVENUE</u> City <u>VERO BEACH</u> <u>FL</u> <u>32967</u> office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
<b>8. The above named entity submits this statement the obligations of registered agent.</b>  SIGNATURE _____ <small>Signature, typed or printed name of registrant</small>			Date _____ <small>Signature required when reinstating</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM EDMISTEN, ROBERT 8086 101ST AVE VERO BEACH, FL 32967		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Robert C. Edlitz</u>			Date <u>3/30/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					