
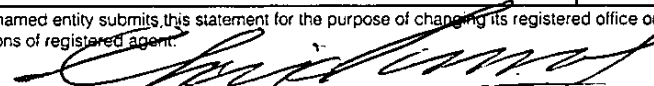
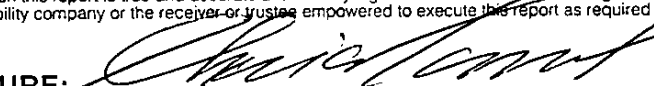


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90015 014 \*\*\*\*50.00

DOCUMENT # L04000067015					
1. Entity Name <b>ROBAX, LLC</b>					
Principal Place of Business <b>10220 SW 20TH STREET DAVIE, FL 33324</b>			Mailing Address <b>10220 SW 20TH STREET DAVIE, FL 33324</b>		
2. Principal Place of Business <b>3949 E. Hibiscus St</b>		3. Mailing Address <b>3949 E. Hibiscus St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Weston, FL</b>		City & State <b>Weston, FL</b>		4. FEI Number <b>55-0880639</b>	
Zip <b>33332</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33332</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHERIAN, SAMUEL 10220 SW 20TH STREET DAVIE, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>Cherian Samuel</b> Street Address (P.O. Box Number is Not Acceptable) <b>3949 E. Hibiscus St.</b> City <b>Weston</b> FL Zip Code <b>33332</b>		
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  DATE <b>4/06/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHERIAN, SAMUEL 10220 SW 20TH STREET DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cherian Samuel 3949 E. Hibiscus St Weston, FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAMUEL, SHIRLEY 10220 SW 20TH STREET DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Shirley Samuel 3949 E. Hibiscus St Weston, FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TORADOL LIMITED PARTNERSHIP 10220 SW 20TH STREET DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Toradol Limited Partnership 3949 E. Hibiscus St. Weston, FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			DATE: <b>4/05/05</b> 9545579502		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		