Apr 04 2006 9:50AM GARY BRANNON CPA

FILED
Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90214 021 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084407

1. Entity Name
ROBERT JOHN PROPERTIES LLC

Principal Place of Business
~~1201 EAST GATE DR~~
~~VENICE, FL 34285 US~~

Mailing Address
1201 EAST GATE DR
VENICE, FL 34285 US

04042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
260 CARDINAL Rd	260 CARDINAL Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice, FL
Zip: 34293 Country	Zip: 34293 Country

4. FEI Number: 20-1955695 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARDY, JOHN C
~~1201 EAST GATE DR~~
~~VENICE, FL 34285~~

HARDY John C
260 CARDINAL Rd
Venice, FL 34293

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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]
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARDY, JOHN C ~~1201 EAST GATE~~ DR ~~VENICE, FL 34285~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARDY John C. 260 CARDINAL Rd. Venice, FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~BENKOVICH, ROBERT J~~ ~~1227 WATERSIDE LN~~ ~~VENICE, FL 34285~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4/4/06 941-488-8842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #