

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90159 030 \*\*\*\*50.00

20015202



<b>DOCUMENT # L04000085790</b> 1. Entity Name <b>ROY HOLDINGS, LLC</b>			
Principal Place of Business <b>13935 NW 1ST AVE</b> <b>MIAMI, FL 33168 US</b>		Mailing Address <b>13935 NW 1ST AVE</b> <b>MIAMI, FL 33168 US</b>	
2. Principal Place of Business <b>clo Swope, Lamberson</b>		3. Mailing Address <b>PO Box 111419</b>	
Suite, Apt. #, etc. <b>8955 Fontana Del Sol way</b>		Suite, Apt. #, etc. <b>PO Box 111419</b>	
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>	
Zip <b>34109</b>	Country <b>USA</b>	Zip <b>34108-024</b>	Country <b>USA</b>
4. FEI Number <b>20-1926467</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PB&amp;A FINANCIAL SERVICES CORP</b> <b>13935 NW 1ST AVE</b> <b>MIAMI, FL 33168</b>		7. Name and Address of New Registered Agent Name <b>Jane Lamberson clo Swope, Lamberson</b> Street Address (P.O. Box Number is Not Acceptable) <b>8955 Fontana Del Sol way</b> City <b>Naples</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.		DATE <b>2/15/05</b>	
SIGNATURE <b>Crane E. Lamberson</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>2/15/05</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGRM</b>	NAME <b>RAMJAWAN, ROY</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>13935 NW 1ST AVE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>MIAMI, FL 33168</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>RRajjar</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>2/15/05</b>	
Daytime Phone # <b>239 262-0170</b>		Daytime Phone #	