2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000094306

1. Entity Name

ROBÉRTSDALE HOLDINGS, L.L.C.



FILED
Mar 27, 2008 08:00 AN
Secretary of State

Principal Place of Business

5553 HIGHWAY 90 PACE, FL 32571 Mailing Address

5553 HIGHWAY 90 PACE, FL 32571



03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3803074

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARG, PURUSHOTTAM K 5553 HIGHWAY 90 PACE, FL 32571 DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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04/03/03-80122-019 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARG, PURUSHOTTAM K 5553 HWY 90 PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUNDU, MAHADEB 4905 N DAVIS HWY PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUPTA, SUNIL 5150 N DAVIS HWY PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE

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:

P. K. GOM

Purushottam K Chang Member 3-24-08 BJB-995-8811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #