


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90040 012 ****50.00

DOCUMENT # L05000002383

1. Entity Name
ANTONIO ROUBICEK, L.L.C.



Principal Place of Business Mailing Address

900 SIXTH AVENUE SOUTH 900 SIXTH AVENUE SOUTH
 SUITE 203 SUITE 203
 NAPLES, FL 34102 US NAPLES, FL 34102 US

2. Principal Place of Business 3. Mailing Address

1224 GINGER CIR. **P.O. Box 266611**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

WESTON FL **Weston FL**

Zip Country Zip Country

33326 **USA** **33326** **Broward**

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

20-2140030 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWEIKHARDT, KATHERINE A
 900 SIXTH AVENUE SOUTH
 SUITE 203
 NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name **CRAIG J. Couture CPA**

Street Address (P.O. Box Number is Not Acceptable)

1112 1/2 N. Collier Blvd.

City **Marco Island** FL Zip Code **34145**

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 **CRAIG J. Couture** *[Signature]* **4/12/06**
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mk, MSMB. ANTONIO ROUBICEK P.O. Box 266611 WESTON, FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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

Antonio Roubicek **4/12/06**