2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050755

1. Entity Name
ROBERT'S MOBILE HOME SET-UP AND SERVICE LLC

50009365

Principal Place of Business	Mailing Address
2205 BLUE FISH PL GENEVA, FL 32732	50 BETHEL LOOP CIRCLE DELTONA, FL 32738

07092008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number	Applied For
68-0607254	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALL FLORIDA FIRM INC 465 S VOLUSIA AVE SUITE C ORNAGE CITY, FL 32763	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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGR ☐ Delete NAME BOOTHE, ROBERT L STREET ADDRESS 3450 FISH HAWK RD CITY-ST-ZIP DELTONA, FL 32738	TITLE MGR NAME Boothe, Robert L STREET ADDRESS 50 Bethel Loop Cir CITY-ST-ZIP Deltong FL 32738 ☑ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE Secertary NAME Boothe, Jeanne M STREET ADDRESS 50 Bethel Loop Cir CITY-ST-ZIP Deltona FL 32738 ☐ Change ☑ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: _Robert Boothe_   8/8/8   321-377-1227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #