2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000056586

1. Entity Name
ROBERT J. BURNSIDE, LLC

Principal Place of Business	Mailing Address
885 HARBOR ISLAND CLEARWATER BEACH, FL 33767	885 HARBOR ISLAND CLEARWATER BEACH, FL 33767

DO NOT WRITE IN THIS SPACE

01042007No Chg-LLC   CR2E083 (11/05)

4. FEI Number 26-7742633		Applied For
		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K
401 S. LINCOLN AVE.
CLEARWATER, FL 33756

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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
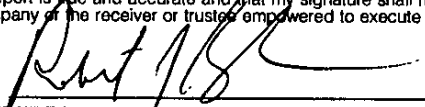
Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BURNSIDE, ROBERT J
STREET ADDRESS	885 HARBOR ISLAND
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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01/31/07-80019-020 50.00

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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: _____   1/26/07   727 461-3114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

ROBERT J. BURNSIDE   MANAGING MEMBER