

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90062 039 ****50.00

DOCUMENT # L05000072430					
1. Entity Name ROBO PROP., LLC					
Principal Place of Business 1700 SOUTH OCEAN BOULEVARD APT. #5B LAUDERDALE BY THE SEA, FL 33062			Mailing Address 1700 SOUTH OCEAN BOULEVARD APT. #5B LAUDERDALE BY THE SEA, FL 33062		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 75-3198951			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERSMAN, WILLIAM G ESQ. 9350 S. DIXIE HIGHWAY 10TH FLOOR MIAMI, FL 33156				7. Name and Address of New Registered Agent Name <u>FABIAN, RONALD M.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1700 SOUTH OCEAN BLVD.</u> <u>APT. # 5B.</u> City <u>LAUDERDALE BY THE SEA</u> FL Zip Code <u>33062</u>	
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 <u>R. FABIAN - MANAGING MEMBER</u> DATE <u>4/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABIAN, RONALD M 1700 SOUTH OCEAN BOULEVARD, APT. #5B LAUDERDALE BY THE SEA, FL 33062	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>R. FABIAN</u> DATE <u>4/10/06</u> (954) 784-8466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					