

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107232

FILED
Jan 25, 2007
Secretary of State

Entity Name: ROBERT FLIEHS LLC

Current Principal Place of Business:

2035 GREEN CEDAR LANE
GENEVA, FL 327329723 US

New Principal Place of Business:

Current Mailing Address:

2035 GREEN CEDAR LANE
GENEVA, FL 327329723 US

New Mailing Address:

FEI Number: 20-3731047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLIEHS, ROBERT V
2035 GREEN CEDAR LANE
GENEVA, FL 327329723 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLIEHS, ROBERT V
Address: 2035 GREEN CEDAR LANE
City-St-Zip: GENEVA, FL 327329723 US

Title: MGR () Delete
Name: FLIEHS, ROBERT L
Address: 2035 GREEN CEDAR LANE
City-St-Zip: GENEVA, FL 327329723 US

Title: MGR () Delete
Name: JACOBS II, JOHNNY G
Address: 191 HEATHER LANE
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 V. FLIEHS

MGRM

01/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date