

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90018 015 \*\*\*\*50.00

<b>DOCUMENT # L05000112348</b> 1. Entity Name ROEBUCK DEVELOPMENT, LLC					
Principal Place of Business 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410			Mailing Address 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business <u>3307 NORTHLAKE BLVD.</u> Suite, Apt. #, etc. <u>SUITE 107</u> City & State		3. Mailing Address <u>3307 NORTHLAKE BLVD.</u> Suite, Apt. #, etc. <u>SUITE 107</u> City & State			
Zip 		Country		02062006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <u>020-4459114</u>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD. SUITE D PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>3307 NORTHLAKE BLVD.</u> <u>SUITE 107</u> City <span style="float: right;">FL</span> 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 <u>JOSEPH F. CROSSEN</u> <span style="float: right;">4-10-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROSSEN, JOSEPH F 4239 NORTHLAKE BLVD., STE D PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
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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:  <span style="float: right;">4-10-06 561-626-2770</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					
<b>JOSEPH F. CROSSEN</b>					