

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90356 044 ****55.00

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01042007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000113690

1. Entity Name
ROBERTS COMMERCIAL PROPERTIES, LLC



Principal Place of Business
**255 NORTH LAKE AVENUE
LAKE BUTLER, FL 32054**

Mailing Address
**P.O. BOX 238
LAKE BUTLER, FL 32054**

2. Principal Place of Business - No P.O. Box #

12469 W SR 100

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lake Butler, FL

City & State

4. FEI Number
20-3848709

Applied For
Not Applicable

Zip
32054

Country
US

Zip

Country

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

**ROBERTS, AVERY C
255 N. LAKE AVENUE
LAKE BUTLER, FL 32054**

Name

Street Address (P.O. Box Number is Not Acceptable)

12469 W. SR. 100

City **Lake Butler**

FL

Zip Code **32054**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/11/07

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERTS, AVERYS C
255 NORTH LAKE AVENUE
LAKE BUTLER, FL 32054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Roberts, Avey, SC
12469 W SR 100
Lake Butler FL 32054** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROBERTS, AMBER
255 NORTH LAKE AVENUE
LAKE BUTLER, FL 32054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
Roberts-Crawford, Amber
12469 W SR 100
Lake Butler FL 32054** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/07

386-496-0499

Date

Daytime Phone #