


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000113690</b>	
1. Entity Name ROBERTS COMMERCIAL PROPERTIES, LLC	

Principal Place of Business 12469 WEST SR 100 LAKE BUTLER, FL 32054	Mailing Address P.O. BOX 238 LAKE BUTLER, FL 32054
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3848709	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  ROBERTS, AVERY C 12469 WEST SR 100 LAKE BUTLER, FL 32054
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**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

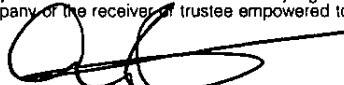
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, AVERYS C 12469 WEST SR 100 LAKE BUTLER, FL 32054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS-CRAWFORD, AMBER 12469 WEST SR 100 LAKE BUTLER, FL 32054
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02/27/08-80007-021 143.75

**DO NOT WRITE IN THIS SPACE**

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:**  **2-14-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #