

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027636

**FILED**  
**Mar 15, 2008**  
**Secretary of State**

**Entity Name:** THE ROBERTSGROUP, LLC

**Current Principal Place of Business:**

5106 PINE ROCKLANDS AVENUE  
LITHIA, FL 33547 US

**New Principal Place of Business:**

**Current Mailing Address:**

5106 PINE ROCKLANDS AVENUE  
LITHIA, FL 33547 US

**New Mailing Address:**

**FEI Number:** 20-4508712      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, SUSAN L  
5106 PINE ROCKLANDS AVENUE  
LITHIA, FL 33547 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: CEO ( ) Delete  
Name: ROBERTS, SUSAN L  
Address: 5106 PINE ROCKLANDS AVENUE  
City-St-Zip: LITHIA, FL 33547 US

Title: CFO ( ) Delete  
Name: ROBERTS, ALAN A  
Address: 5106 PINE ROCKLANDS AVENUE  
City-St-Zip: LITHIA, FL 33547 US

**ADDITIONS/CHANGES:**

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

Title: PRES (X) Change ( ) Addition  
Name: ROBERTS, ALAN A  
Address: 5106 PINE ROCKLANDS AVENUE  
City-St-Zip: LITHIA, FL 33547 US

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN ROBERTS

MS.

03/15/2008

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