


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90040 008 \*\*\*\*55.00

DOCUMENT # L06000030256					
1. Entity Name ROXANN BROKER, LLC					
Principal Place of Business 863 SW MUNJACK CIRCLE PORT ST. LUCIE FL 34986			Mailing Address 863 SW MUNJACK CIRCLE PORT ST. LUCIE FL 34986		
2. Principal Place of Business - No P.O. Box # 863 SW Munjack Circle		3. Mailing Address same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Port St. Lucie, FL		City & State		4. FEI Number 14-1954755	
Zip 34986		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  BROKER, ROXANN 863 SW MUNJACK CIRCLE PORT ST. LUCIE FL 34986			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
			<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROKER, ROXANN 863 SW MUNJACK CIRCLE PORT ST. LUCIE FL 34986 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Roxann Broker 3-17-2007 (772) 621-9380  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #