


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90367 012 \*\*\*\*55.00

<b>DOCUMENT # L06000046354</b> 1. Entity Name <b>ROBERTS PLANNING &amp; CONSULTING, LLC</b>					
Principal Place of Business <b>255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054 US</b>			Mailing Address <b>PO BOX 238 LAKE BUTLER, FL 32054 US</b>		
2. Principal Place of Business - No P.O. Box # <b>-12469 West SR 100</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>Lake Butler FL</b> Zip <b>32054</b>			
Suite, Apt. #, etc. City & State <b>Lake Butler FL</b> Zip <b>32054</b>		Suite, Apt. #, etc. City & State Zip 		01042007 Chg-LLC CR2E083 (12/06) 4. FEI Number <b>20-5132760</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>ROBERTS, AVERY C 255 NORTH LAKE AVENUE LAKE BUTLER, FL 32054</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>12469 West SR 100</b> City <b>Lake Butler FL</b>		Zip Code <b>32054</b>			
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><i>Avery C. Roberts</i></u> <b>Avery C. Roberts</b> DATE <u>4/18/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, AVERY C P.O. BOX 238 LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Avery C. Roberts</i></u> <b>Avery C. Roberts</b> DATE <u>4/18/07</u> 386-496-3509 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					