

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051124

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** ROBERTS & HEDBERG, LLC

**Current Principal Place of Business:**

1080 HUNTLEY WAY  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

1080 HUNTLEY WAY  
WELLINGTON, FL 33414 US

**New Mailing Address:**

3267 HUNTINGTON  
WESTON, FL 33332 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

TILLEY, MICHAEL R  
2000 GLADES ROAD  
SUITE 306  
BOCA RATON, FL 33431 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: MGRM ( ) Delete  
Name: ROBERTS, VILHELM  
Address: 3267 HUNTINGTON  
City-St-Zip: WESTON, FL 33332 US

Title: MGRM ( ) Delete  
Name: HEDBERG, MIKAEL  
Address: 1080 HUNTLEY WAY  
City-St-Zip: WELLINGTON, FL 33414 US

**ADDITIONS/CHANGES:**

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

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

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: VILHELM ROBERTS

MGRM

05/01/2007

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