

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000061705

**FILED**  
**Jan 28, 2007**  
**Secretary of State**

**Entity Name:** ROBYN J. WALPERT, MPT, CST-D, LLC

**Current Principal Place of Business:**

805 DOUGLAS AVENUE  
SUITE 159  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

805 DOUGLAS AVENUE  
SUITE 159  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 20-5067293

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALPERT, ROBIN J  
1130 LAKESHORE DRIVE  
APT 203  
LAKE PARK, FL 334032850 US

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

WALPERT, ROBYN J  
2087 LAKE MARION DR.  
APOPKA, FL 32712 US

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: ROBYN WALPERT

01/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALPERT, ROBIN J  
Address: 1130 LAKESHORE DRIVE APT 203  
City-St-Zip: LAKE PARK, FL 334032850 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WALPERT, ROBYN J  
Address: 2087 LAKE MARION DR.  
City-St-Zip: APOPKA, FL 32712 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBYN WALPERT

MGRM

01/28/2007

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