



FILED
May 05, 2008 8:00 am
Secretary of State

04-10-2008 90132 001 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000064782					
1. Entity Name ROBUCK FAMILY INVESTMENTS, LLC					
Principal Place of Business 610 E. MAIN STREET LEESBURG, FL 34748			Mailing Address 610 E. MAIN STREET LEESBURG, FL 34748		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5181410	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBUCK, H.D. JR. 9345 SILVER LAKE DRIVE LEESBURG, FL 34748				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	ROBUCK, H.D. JR.				
STREET ADDRESS	610 E. MAIN STREET				
CITY- ST- ZIP	LEESBURG, FL 34748				
TITLE	MGRM	<input checked="" type="checkbox"/> Delete			
NAME	HDR INVESTMENTS, LLC				
STREET ADDRESS	610 E. MAIN STREET				
CITY- ST- ZIP	LEESBURG, FL 34748				
TITLE	MGRM	<input checked="" type="checkbox"/> Delete			
NAME	CFR INVESTMENTS, LLC				
STREET ADDRESS	610 E. MAIN STREET				
CITY- ST- ZIP	LEESBURG, FL 34748				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	ROBUCK, H. D. III				
STREET ADDRESS	610 E. Main Street				
CITY- ST- ZIP	Leesburg, FL 34748				
TITLE	ROBUCK, CHARLOTTE F.-MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS	610 E. Main Street				
CITY- ST- ZIP	Leesburg, FL 34748				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
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: 				03/26/08	
H. D. ROBUCK, JR., MGRM				352-314-3177	