


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90050 020 ****50.00

DOCUMENT # L06000098587 1. Entity Name ROBERT JARRETT LLC					
Principal Place of Business 865 ISLAND CLUB SQ. VERO BEACH, FL 32963			Mailing Address P.O. BOX 8121 INDIAN RIVER SHORES, FL 32963		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address 6001 N. A1A Ste 8121 Indian River Shores 32963-1014 USA			
City & State Zip Country		4. FF Number Applied For <input checked="" type="checkbox"/> Not Applicable		01092007 Chg-LLC CR2E083 (12/06)	
5. Certificate or Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent JARRETT, ROBERT 865 ISLAND CLUB SQ. VERO BEACH, FL 32963			
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 <i>Robert Jarrett</i> DATE 1-24-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JARRETT, ROBERT 865 ISLAND CLUB SQ. VERO BEACH, FL 32963 <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 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 <i>Robert Jarrett</i> DATE 1-24-07			(772) 532-8987		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					