

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104244

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** ROBERTS BROTHERS INVESTMENTS, LLC

**Current Principal Place of Business:**

115 N.E. 8TH AVENUE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

115 N.E. 8TH AVENUE  
OCALA, FL 34470

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

ROBERTS, FRED N JR.  
333 N.W. 3RD AVENUE  
OCALA, FL 34475      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: MGR                      ( ) Delete  
Name: ROBERTS, FRED N JR  
Address: 115 N.E. 8TH AVENUE  
City-St-Zip: Ocala, FL 34470

Title: MGR                      ( ) Delete  
Name: ROBERTS, JOHN K JR  
Address: 115 N.E. 8TH AVENUE  
City-St-Zip: Ocala, FL 34470

**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 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: CAROLYN K. ROBERTS

D

01/04/2007

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