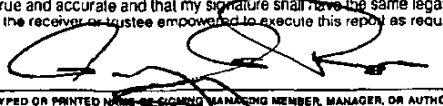


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90021 005 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L07000041368</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                     |                                                                   |
| 1. Entity Name<br><b>ROE PARTNERS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                      |                                                                   |
| Principal Place of Business<br><b>9851 STATE ROAD 54<br/>NEW PORT RICHEY, FL 34655</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         | Mailing Address<br><b>9851 STATE ROAD 54<br/>NEW PORT RICHEY, FL 34655</b>                                                           |                                                                   |
| 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<br><b>20-8995710</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | <b>\$5.00</b> Additional Fee Required                                                                                                |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>ROE, GREGORY<br/>9851 STATE ROAD 54<br/>NEW PORT RICHEY, FL 34655</b>                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                |                                                                                                         |                                                                                                                                      |                                                                   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | <b>Make check payable to<br/>Florida Department of State</b>                                                                         |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | 10. ADDITIONS/CHANGES                                                                                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>ROE, GREGORY<br>9851 STATE ROAD 54<br>NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>ROE, LEONARD<br>112 HARBOR LANE<br>TAVERNIER, FL 33070 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         | Date <b>4/14/08</b> 727-753-1020                                                                                                     |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         | Daytime Phone #                                                                                                                      |                                                                   |