

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093082

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: ROBY RESIDENTIAL GROUP, LLC

**Current Principal Place of Business:**

2750 COUNTRY BREEZE BLVD.  
NAVARRE, FL 32566

**New Principal Place of Business:**

618 GAP CREEK DRIVE #18  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

2750 COUNTRY BREEZE BLVD.  
NAVARRE, FL 32566

**New Mailing Address:**

618 GAP CREEK DRIVE #18  
FORT WALTON BEACH, FL 32548

FEI Number: 56-2676236

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBY, JASON  
2750 COUNTRY BREEZE BLVD.  
NAVARRE, FL 32566 US

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

ROBY, JASON  
618 GAP CREEK DRIVE #18  
FORT WALTON BEACH, FL 32548 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: JASON ROBY

04/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBY, JASON  
Address: 2750 COUNTRY BREEZE BLVD.  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROBY, JASON  
Address: 618 GAP CREEK DRIVE #18  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify 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: JASON ROBY

MR

04/08/2008

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