

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093082

FILED
Mar 31, 2009
Secretary of State

Entity Name: ROBY RESIDENTIAL GROUP, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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
618 GAP CREEK DRIVE #18
FORT WALTON BEACH, FL 32548 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: ROBY, JASON
Address: 618 GAP CREEK DRIVE #18
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

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

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

03/31/2009

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