2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# L07000093089

Entity Name: ROYE ENTERPRISES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2228 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 341101098	
Current Mailing Address:	**New Mailing Address:**
2228 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 341101098	

FEI Number: 30-0131348   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
ROYE, BILL E 2228 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 341101098 US	ROYE, WILLIAM E 2228 IMPERIAL GOLF COURSE BLVD. NAPLES, FL 341101098 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: WILLIAM E. ROYE   01/30/2009

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title: ( ) Change ( ) Addition
Name:	ROYE, LADONNA S	Name:
Address:	2228 IMPERIAL GOLF COURSE BLVD.	Address:
City-St-Zip:	NAPLES, FL 341101098	City-St-Zip:
Title:	MGRM ( ) Delete	Title: MGRM (X) Change ( ) Addition
Name:	ROYE, BILL E	Name: ROYE, WILLIAM E
Address:	2228 IMPERIAL GOLF COURSE BLVD.	Address: 2228 IMPERIAL GOLF COURSE BLVD.
City-St-Zip:	NAPLES, FL 341101098	City-St-Zip: NAPLES, FL 341101098

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: WILLIAM E. ROYE   MGRM   01/30/2009

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