


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90132 039 ***138.75

DOCUMENT # L07000104809

1. Entity Name
ROBERT EGLI LLC



Principal Place of Business
**12037 FOUNTAINBROOK BLVD
 APT 1738
 ORLANDO, FL 32825**

Mailing Address
**12037 FOUNTAINBROOK BLVD
 APT 1738
 ORLANDO, FL 32825**

60010236



2. Principal Place of Business - No P.O. Box #
2231 Churchill Downs Circle

3. Mailing Address
2231 Churchill Downs Circle

Suite, Apt. #, etc.

01182008 Chg-LLC CR2E083 (12/06)

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32825

Country

4. FEI Number
240-96-5605 234

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EGLI, ROBERT 12037 FOUNTAINBROOK BLVD APT 1738 ORLANDO, FL 32825		Name Robert Egli Street Address (P.O. Box Number is Not Acceptable) 2231 Churchill Downs Circle City Orlando FL Zip Code 32825	

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGLI, ROBERT 12037 FOUNTAINBROOK BLVD - APT 1738 ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Egli, Robert 2231 Churchill Downs Circle Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Robert Egli* Date: 02-21-08 Daytime Phone #: 407-927-6037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE