

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117707

**FILED**  
**Apr 16, 2009**  
**Secretary of State**

**Entity Name:** ROBUILD INVESTMENTS LLC

**Current Principal Place of Business:**

7087 GRAND NATIONAL DRIVE, SUITE 100  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7087 GRAND NATIONAL DRIVE, SUITE 100  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 36-4623949

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVIGNE, JAMES R ESQ.  
C/O LAVIGNE, COTON & ASSOCIATES, P.A.  
7087 GRAND NATIONAL DRIVE, SUITE 100  
ORLANDO, FL 32819 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:** MGRM ( ) Delete  
**Name:** GRAVES, KELLY & JOHN ROBIN,H&W,TEN. BY ENT  
**Address:** 176 SHERWOD DRIVE, BLETCHLEY  
**City-St-Zip:** MILTON KEYNES MK36HZ U.K., XX

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: GRAVES, KELLY & JOHN ROBIN,H&W,TEN. BY ENT MGRM 04/16/2009

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