

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085656

FILED
Apr 10, 2009
Secretary of State

Entity Name: G.W. ROBERTS INVESTMENTS LLC

Current Principal Place of Business:

437 ROUSE ROAD
FORT PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

437 ROUSE ROAD
FORT PIERCE, FL 34946 US

New Mailing Address:

FEI Number: 26-3318219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, GARY W
437 ROUSE ROAD
FORT PIERCE, FL 34946 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: ROBERTS, GARY W
Address: 437 ROUSE ROAD
City-St-Zip: FORT PIERCE, FL 34946 US

Title: MGRM () Delete
Name: ROBERTS, SUSAN M
Address: 437 ROUSE ROAD
City-St-Zip: FORT PIERCE, FL 34946 US

Title: MGRM () Delete
Name: ROBERTS, GARY W II
Address: 4200 JOHNSTON ROAD
City-St-Zip: FORT PIERCE, FL 34946 US

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: ROBERTS, GARY W II
Address: 4102 JOHNSTON ROAD
City-St-Zip: FORT PIERCE, FL 34951 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: SUSAN ROBERTS

MGRM

04/10/2009

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