


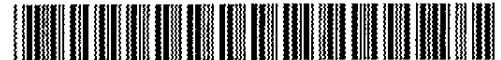
**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000001699</b> 1. Entity Name R.B.O.I. TECHNICAL, L.L.C.	
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Principal Place of Business 1540 CLEMENTE COURT THE VILLAGES, FL 32159	Mailing Address 2020 SE 17TH STREET OCALA, FL 34471
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0869994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  HEEKIN, JAMES F JR 215 N. EOLA DRIVE ORLANDO, FL 32801	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UPTON, TERRY 1400 U.S. HIGHWAY 441 NORTH LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, MICHAEL P 2020 SOUTHEAST 17TH STREET OCALA, FL 34471
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U000000026626  
02/03/04-80015-002 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 808, Florida Statutes.

**SIGNATURE:** Michael P. Hill **MICHAEL P. HILL** 1-7-04 3528610440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #