

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-07-2002 90373 012 ***150.00

DOCUMENT # L01000016070

1. Entity Name
ROBIN AVENUE, LLC

Principal Place of Business 248 ALTERNATE 19 NORTH, SUITE A PALM HARBOR FL 34683	Mailing Address 248 ALTERNATE 19 NORTH, SUITE A PALM HARBOR FL 34683
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89830

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **09-0421326** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAVALARIS, MICHAEL
 248 ALTERNATE 19 NORTH, SUITE A
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number Is Not Acceptable) _____
 City _____ FL Zip Code _____

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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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
MGRM CAVALARIS PROPERTIES, INC. 248 ALTERNATE 19 NORTH, SUITE A PALM HARBOR FL 34683	<input type="checkbox"/>		<input type="checkbox"/>
MGRM TIMBERLORE CONSTRUCTION, INC. 248-B PALM HARBOR BLVD. PALM HARBOR FL 34683	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

CR2E083 (9/01)

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 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

Date *04/24/02*