


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

02-28-2005 90047 026 ****50.00

DOCUMENT # L04000062933					
1. Entity Name ROBINSON INVESTMENTS, LLC					
Principal Place of Business 515 ORA DELL AVENUE TITUSVILLE, FL. 32796			Mailing Address 515 ORA DELL AVENUE TITUSVILLE, FL. 32796		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-2042901	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUNDIN, GLENN T 335 SOUTH PLUMOSA STREET, SUITE A MERRITT ISLAND, FL 32952			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, WAYNE F		NAME		
STREET ADDRESS	515 ORA DELL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, JUDITH A F		NAME		
STREET ADDRESS	515 ORA DELL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Wayne F. Robinson</i>			Date: <i>2/25/05</i> 321-268-8346		
SIGNATURE AND TYPED PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
WAYNE F. ROBINSON					