2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000003604

1. Entity Name
800 ROBINSON AVENUE, LLC

Principal Place of Business	Mailing Address
5469 BRONSON MEMORIAL HWY HWY 192 KISSIMMEE, FL 34646	5469 BRONSON MEMORIAL HWY HWY 192 KISSIMMEE, FL 34646

DO NOT WRITE IN THIS SPACE

04262005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
59-3633689	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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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, 2005

U00000346846
04/30/05-80092-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	PSTD
NAME	CIRO, POMA
STREET ADDRESS	8924 JONATHON MANOR DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4-26-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #