2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # A03000000622

1. Entity Name
THE ROBINSON FIRM, LTD.

Principal Place of Business	Mailing Address
1501 ATLANTIC BLVD. KEY WEST, FL 33040	1501 ATLANTIC BLVD. KEY WEST, FL 33040

01122007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0183681
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THE ANDERSON FIRM, A PROFESSIONAL CORP.
1010 KENNEDY DR.
201
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

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
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2007, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P03000043331
NAME	THE ROBINSON FIRM, INC.
STREET ADDRESS	1501 ATLANTIC BLVD.
CITY-ST-ZIP	KEY WEST, FL 33040
DOCUMENT #	
NAME	
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01/24/07-80060-002 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Nancy Robinson Nancy Robinson, G.P. 01/17/2007
SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER Date Daytime Phone #