

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 28, 2006 08:00 AM
Secretary of State

DOCUMENT # A23024

1. Entity Name
ROBINSON PROPERTY LTD.



Principal Place of Business
**% LAUREL HOMES, INC.
PO BOX 300789, 150 OXFORD RD
FERN PARK, FL 32730-0789**

Mailing Address
**% LAUREL HOMES, INC.
PO BOX 300789, 150 OXFORD RD
FERN PARK, FL 32730-0789**



03202008 No Chg-LP

CR2E003 (11/05)

4. FEI Number
59-1559654

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBINSON, JOSEPH D. IV
150 OXFORD RD.
FERN PARK, FL 32730**

**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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**000000482734
04/11/06-80087-019 500.00**

**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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**ROBINSON, PETER G.
3201 CARDINAL DR. P-5
VERO BEACH, FL 32960**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**ROBINSON, JOSEPH D., IV
150 OXFORD RD., STE. #140
FERN PARK, FL 32730**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**ROBINSON, LAURA CARROLL
150 OXFORD RD SUITE 140
FERN PARK, FL 32730**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/21/06 407-831-2211

Date

Daytime Phone #

STAPLE CHECK HERE