

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 A
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



04092007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 59-1559654 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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, 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 # | 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 |
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| DOCUMENT # | NAME | STREET ADDRESS | CITY - ST - ZIP |
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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:

Joseph D. Robinson, III
JOSEPH D. ROBINSON, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/07
Date

407-831-2211
Daytime Phone #

STAPLE CHECK HERE