

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007753

1. Entity Name
THE ROBINSON ANNA MARIA LLC



Principal Place of Business

313 SONOMA STREET
VALRICO, FL 33594

Mailing Address

313 SONOMA STREET
VALRICO, FL 33594



03072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3655131

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOLS, DEBORAH A
313 SONOMA STREET
VALRICO, FL 33594

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------------|
| TITLE | MGRM |
| NAME | MOLS, DEBORAH A |
| STREET ADDRESS | 313 SONOMA ST |
| CITY-ST-ZIP | VALRICO, FL 33594 |
| TITLE | MGRM |
| NAME | ROBINSON, HAROLD R |
| STREET ADDRESS | 729 BROOKWOOD DR |
| CITY-ST-ZIP | STATESBORO, GA 30461 |
| TITLE | MGRM |
| NAME | JARRETT, BECKY SUE |
| STREET ADDRESS | 27604 WATERFORD WAY |
| CITY-ST-ZIP | WESLEY CHAPEL, FL 33544 |
| TITLE | MGRM |
| NAME | ROBINSON, CINDY KAE |
| STREET ADDRESS | 3406 LONG ISLAND WAY |
| CITY-ST-ZIP | VALRICO, FL 33594 |

000000253181
03/14/05-80085-014 50.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #