## , 2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L02000019564

1. Entity Name

ROBBECO DEVELOPMENT 1 L C



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92169 019 \*\*\*\*50.00

DONNEGO	DEVELOPINATION, L.L.O.				<b>y</b>	
Principal Plac	e of Business	Mailing Address			<del>-</del>	
40001 EMERALD COAST PARKWAY DESTIN FL 32451		40001 EMERALD COAST PARKWAY DESTIN FL 32451				
2. Principal Place of Business		3. Mailing Address		<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Dung	CHECK HERE IF MAKING CHANGES	
City & State		Birming ham AL			4. FEL Number Applied For Not Applied For	
Zip Country		35344	Zip Country		5. Certificate of Status Desired   \$5.00 Additional Fee Required	
	6. Name and Address of Current	t Registered Agent			7. Name and Address of New Registered Agent	
	KINS, JOHN W ESQ. MATTHEWS & HAWKINS, P.A.			Name Street Address	s (P.O. Box Number is Not Acceptable)	
607 HIGHWAY 98 EAST DESTIN FL 32541						
				City	FL Zip Code	
	named entity submits this statement folions of registered agent.	or the purpose of changing i	ts registere	d office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable, (NC	OTE: Registered	Agent signature requi	ired when reinstating) DATE	
		FILE N	NOW!!! F	EE IS \$50.00	0	
		Make Check Paya	ble to Flo	,		
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/CHANGES	
TITLE	MGR Delete			ma	lifurnia Development Corporation Additi	
NAME Street address	CALIFORNIA DEVELOPMENT CORPORATION 40001 EMERALD COAST PARKWAY			STREET ADDRESS 276 MARWOOD DRIVE		
CITY-ST-ZIP	DESTIN FL 32451	WAI			rming hours, AL 35244	
TITLE		Delete	TITLE	PAGE	n Dego Development Corporation Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS 370	r mer mood being	
CITY-ST-ZIP			•	•	my how AL 35244	
TITLE			TITLE		☐ Change ☐ Additi	
NAME			NAME	:		
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NAME			NAME	- {		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		
TITLE		☐ Delete	TITLE	31-711	☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS		•		T ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE NAME		☐ Delete	TITLE		Change Addition	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP				ST-ZIP		
indicated	ertify that the information supplied with on this report is true and accurate and pility company or the receiver or truste	that my signature shall have	e the same	legal effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.	

SIGNATURE: