

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00-AM
Secretary of State

DOCUMENT # L02000019989

1. Entity Name
ROBIN'S RIDGE DEVELOPMENT, LLC



Principal Place of Business
**17 SOUTH PALAFOX STREET, STE. 394
PENSACOLA, FL 32501**

Mailing Address
**PO BOX 12358
PENSACOLA, FL 32591**

DO NOT WRITE IN THIS SPACE



03172004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
54-2065485

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKER, RICHARD
17 SOUTH PALAFOX STREET, STE. 394
PENSACOLA, FL 32501**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BAKER, RICHARD R
17 SOUTH PALAFOX ST 394
PENSACOLA, FL 32501**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GILMORE, DAN J
4400 BAYOU BLVD 35
PENSACOLA, FL 32503**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
RITCHIE, WALTER JR
PO BOX 13401
PENSACOLA, FL 32591**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000098577
03/29/04-80046-010 50.00

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IN THIS SPACE**

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 #

Richard R Baker **Richard R Baker** **3-24-04** **850-434-5330**