


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000019989</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BAKER, RICHARD 17 SOUTH PALAFOX STREET, STE. 394 PENSACOLA, FL 32501		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
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		
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.		
SIGNATURE: <u>Richard R Baker</u> <u>Richard R Baker</u> 4-12-06 850-434-5330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2065485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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04/28/06-80054-022 50.00