

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022934

FILED
May 01, 2007
Secretary of State

Entity Name: ROBINSON BROTHERS GUIDE SERVICE, LLC

Current Principal Place of Business:

152 17TH STREET
APALACHICOLA, FL 323201558

New Principal Place of Business:

118 COMMERCE ST.
APALACHICOLA, FL 32320

Current Mailing Address:

152 17TH STREET
APALACHICOLA, FL 323201558

New Mailing Address:

118 COMMERCE ST.
APALACHICOLA, FL 32320

FEI Number: 59-3618886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, THOMAS H JR.
152 17TH STREET
APALACHICOLA, FL 323201558 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBINSON, CHRIS
Address: 211 AVE. H.
City-St-Zip: APALACHICOLA, FL 32320

Title: MGRM () Delete
Name: ROBINSON, THOMAS H JR
Address: 211 AVE. H.
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROBINSON, THOMAS H JR
Address: 152 17TH ST.
City-St-Zip: APALACHICOLA, FL 32320

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS H. ROBINSON, JR.

MGMR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date