

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90209 037 ***138.75

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DOCUMENT # L02000033462 1. Entity Name TR ROBINSON & ASSOCIATES, L.L.C.					
Principal Place of Business 11688 SW 91ST TERRACE MIAMI, FL 33176			Mailing Address 11762 NORTH KENDALL DRIVE, SUITE 117 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address B306 MILLS DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 279			
City & State		City & State MIAMI, FL			
Zip	Country	Zip 33183	Country USA	4. FEI Number 32-0047151	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2734 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name WILLIAM A. GRANT Street Address (P.O. Box Number is Not Acceptable) 11688 S.W. 91ST TERRACE City MIAMI FL Zip Code 33176		
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 <u>William A. Grant</u> <u>WILLIAM A. GRANT</u> <u>3/3/2008</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT, WILLIAM 11762 NORTH KENDALL DRIVE, SUITE 117 MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRANT, WILLIAM 11688 S.W. 91ST TERRACE MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
SIGNATURE: <u>William A. Grant</u> <u>WILLIAM A. GRANT</u> <u>3/3/2008</u> <u>(305)595-2080</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					