


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90072 013 \*\*\*\*50.00

<b>DOCUMENT # L03000018878</b>	
1. Entity Name <b>ROBIN RENTALS, LLC</b>	

Principal Place of Business <b>2016 REBECCA DR. CLEARWATER, FL 33764</b>	Mailing Address <b>2016 REBECCA DR. CLEARWATER, FL 33764</b>
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2. Principal Place of Business <b>1999 NURSERY RD</b>	3. Mailing Address <b>1999 NURSERY RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>CLEARWATER, FL</b>	City & State <b>CLEARWATER FL</b>
Zip <b>33764</b>	Zip <b>33764</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>CRITES, RICHARD R 2016 REBECCA DR. CLEARWATER, FL 33764</b>	
7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>1999 NURSERY RD</b> City <b>CLEARWATER</b> FL Zip Code <b>33764</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 <b>Richard Crites</b>	DATE <b>2/18/05</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM EOMONOSON, ELLEN 2016 REBECCA DR CLEARWATER, FL 33764</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EDMONDSON, ELLEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1999 NURSERY RD 33764</b> <b>CLEARWATER FL</b>
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
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
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 exemption stated in Section 119.07(3)(i), 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: <b>Ellen Edmondson</b>	Date <b>2/18/05</b>	Daytime Phone # <b>727-531-9638</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

20014738



02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>APPLIED FOR 57-1202468</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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