


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90071 040 \*\*\*\*50.00

**DOCUMENT # L03000032496**  
 1. Entity Name  
**ROBSCO HOLDINGS, LLC**



Principal Place of Business      Mailing Address  
**401 W. COLONIAL DR., SUITE 6**      **401 W. COLONIAL DR., SUITE 6**  
**ORLANDO FL 32802**      **ORLANDO FL 32802**

30007542



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/05)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**AP-PLIED FOR**      Not Applicable  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SEIFERT, SCOTT P ESQUIRE**  
**401 W. COLONIAL DR., SUITE 6**  
**ORLANDO FL 32802**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEIFERT, SCOTT P ESQUIRE 401 W. COLONIAL DR., SUITE 6 ORLANDO FL 32802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:       Scott Seifert as Manager 3/15/06 407 423 0008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

# ATTACHMENT

30007545

***Robesco Holdings, LLC***  
*401 West Colonial Drive, Suite 6*  
*Orlando, FL 32804*

May 5, 2006

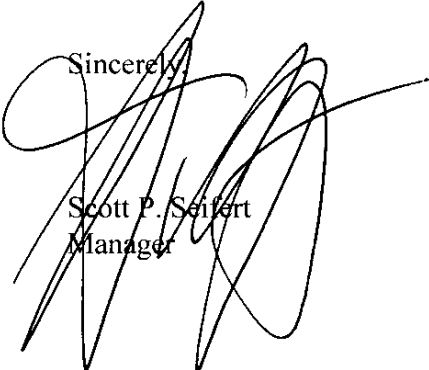
Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: Document # L03000032496

Dear Sirs:

In response to your notice of April 5, 2006 (copy enclosed), please be advised that our accountant has applied on-line at the IRS website for our FEI Number. However due to the site's technical difficulties, we have not obtained what the FEI Number is. After contacting the IRS, they informed us that we should be able to get this information in several days. Once we have it we will forward the Annual Report back to you with the FEI Number. We apologize for this inconvenience.

Sincerely,

  
Scott P. Seifert  
Manager

enc.

SPS/bam