

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State



DOCUMENT # L03000032496

1. Entity Name

ROBSKO HOLDINGS, LLC

Principal Place of Business

401 W. COLONIAL DR., SUITE 6
ORLANDO FL 32802

Mailing Address

401 W. COLONIAL DR., SUITE 6
ORLANDO FL 32802



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

20-4808045

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEIFERT, SCOTT P ESQUIRE
401 W. COLONIAL DR., SUITE 6
ORLANDO FL 32802

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR Delete
NAME: SEIFERT, SCOTT P ESQUIRE
STREET ADDRESS: 401 W. COLONIAL DR., SUITE 6
CITY-STATE-ZIP: ORLANDO FL 32802

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: Change Addition
NAME:
STREET ADDRESS: U00000644220
CITY-STATE-ZIP: 03/02/07-80032-007 50.00

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
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STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: Change Addition
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CITY-STATE-ZIP:

TITLE: Change Addition
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CITY-STATE-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/14/07 407 423-0008

Date

Division Phone #