


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 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**

**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-4808045</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000830534  
 02/26/08-80087-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR SEIFERT, SCOTT P ESQUIRE 401 W. COLONIAL DR., SUITE 6 ORLANDO, FL 32802
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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:**  **2/13/08 (407) 423-0008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #