

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000055394



1. Entity Name  
ROBINSON CUSTOM HOMES, LLC

Principal Place of Business  
8507 FOREST CITY RD  
ORLANDO, FL 32810 US

Mailing Address  
4359 LAKE RICHMOND DR  
ORLANDO, FL 32811 US



02212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0513896

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, JOHNNY  
4359 LAKE RICHMOND DR  
ORLANDO, FL 32811

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ROBINSON, JOHNNY  
4359 LAKE RICHMOND DR  
ORLANDO, FL 32811

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
ROBINSON, MARGARET E  
4359 LAKE RICHMOND DR.  
ORLANDO, FL 32811

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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03/07/07-80013-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

Date

Daytime Phone #

2-20-07