

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000084

FILED  
May 01, 2009  
Secretary of State

Entity Name: ROBBINS FIRM FINANCE, LLC

## Current Principal Place of Business:

1101 GULF BREEZE PKWY  
SUITE 314  
GULF BREEZE, FL 32561 US

## New Principal Place of Business:

2132 OAKSTREAM AVENUE  
PENSACOLA, FL 32526 US

## Current Mailing Address:

2132 OAKSTREAM AVENUE  
PENSACOLA, FL 32526 US

## New Mailing Address:

FEI Number: 20-0537885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

ROBBINS, SUSAN C  
1101 GULF BREEZE PKWY  
SUITE 314  
GULF BREEZE, FL 32561 US

## Name and Address of New Registered Agent:

ROBBINS, SUSAN C  
2132 OAKSTREAM AVENUE  
PENSACOLA, FL 32526 US

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.

SIGNATURE:

05/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROBBINS, SUSAN C  
Address: 1101 GULF BREEZE PKWY, SUITE 314  
City-St-Zip: GULF BREEZE, FL 32561 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ROBBINS, SUSAN C  
Address: 2132 OAKSTREAM AVENUE  
City-St-Zip: PENSACOLA, FL 32526 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN C ROBBINS

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date