2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007
Secretary of State

DOCUMENT# L04000023870

Entity Name: ROBIN FOODS, LLC

Current Principal Place of Business:

3208 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

331 TOWNEPARK CIRCLE
SUITE 200
LOUISVILLE, KY 40243

New Mailing Address:

FEI Number: 20-0956677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, PAUL G
3208 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	PRES	( ) Delete
Name:	ROBINSON, PAUL G	
Address:	3208 GULF BREEZE PARKWAY	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	SVP	( ) Delete
Name:	ROBINSON, PAUL W	
Address:	331 TOWNEPARK CIRCLE #200	
City-St-Zip:	LOUISVILLE, KY 40243	
Title:	TRE	( ) Delete
Name:	DREYER, KATHY	
Address:	331 TOWNEPARK CIRCLE #200	
City-St-Zip:	LOUISVILLE, KY 40243	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY DREYER TRE 02/19/2007

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