2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2005 8:00 am Secretary of State **DOCUMENT # L04000033025** ROBERT ROBISON, LLC 04-28-2005 90037 028 ****50.00 Principal Place of Business Mailing Address 10237 159TH COURT N. 10237 159TH COURT N. 14005873 JUPITER, FL 33478 JUPITER, FL 33478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Cha-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 72-1596625 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robison, Robert J Jr. ROBINSON, ROBERT J JR Street Address (P.O. Box Number is Not Acceptable) 10237 159TH COURT N. JUPITER, FL 33478 City 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. DATE Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition ROBISON, ROBERT J JR NAME NAME 10237 159TH COURT N. STREET ADDRESS STREET ADDRESS JUPITER, FL 33478 CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

Robert J Robison Jr

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

FILED

561-373-7469

Daytime Phone #