

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90212 006 ****50.00

DOCUMENT # L04000037266			
1. Entity Name ROBINSON STREET PARTNERS, LLC			
Principal Place of Business 157 E. NEW ENGLAND AVE. SUITE 370 WINTER PARK, FL 32789		Mailing Address 157 E. NEW ENGLAND AVE. SUITE 370 WINTER PARK, FL 32789	
2. Principal Place of Business - No P.O. Box # 105 E Robinson St Suite, Apt. #, etc. #540 City & State Orlando, FL Zip 32801 Country USA		3. Mailing Address C/O The Bywater Company Suite, Apt. #, etc. 105 E Robinson St, #540 City & State Orlando FL Zip 32801 Country USA	
		02282007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 55-0828853 20-1141524	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERT M. GARDNER, PA 157 E. NEW ENGLAND AVE. SUITE 370 WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDNER, ROBERT M 157 E. NEW ENGLAND AVE., STE. 370 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BYWATER, WILLIAM 157 E. NEW ENGLAND AVE., STE. 370 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIETRICH, D. PAUL 157 E. NEW ENGLAND AVE., STE. 370 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHUN, STEVEN 157 E. NEW ENGLAND AVE., STE. 370 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William J Bywater</u>		Date: <u>3-2-07</u> Daytime Phone #: <u>407 206-7700</u>	