

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000037266

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** ROBINSON STREET PARTNERS, LLC

**Current Principal Place of Business:**

105 E ROBINSON ST  
#540  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THE BYWATER COMPANY  
105 E ROBINSON ST #540  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 20-1141524

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERT M. GARDNER, PA  
157 E. NEW ENGLAND AVE.  
SUITE 370  
WINTER PARK, FL 32789 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:** MGRM  
**Name:** GARDNER, ROBERT M  
**Address:** 157 E. NEW ENGLAND AVE., STE. 370  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** MGRM  
**Name:** BYWATER, WILLIAM  
**Address:** 157 E. NEW ENGLAND AVE., STE. 370  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** MGRM  
**Name:** DIETRICH, D. PAUL  
**Address:** 157 E. NEW ENGLAND AVE., STE. 370  
**City-St-Zip:** WINTER PARK, FL 32789

**Title:** MGRM  
**Name:** CHUN, STEVEN  
**Address:** 157 E. NEW ENGLAND AVE., STE. 370  
**City-St-Zip:** WINTER PARK, FL 32789

I hereby 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:** WILLIAM G. BYWATER

MGRM

01/06/2012

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