2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #L05000026562

Entity Name

ROBINWOOD PROPERTIES L L C



Principal Place of Business

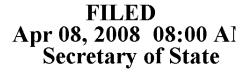
38 S 8TH ST

DE FUNIAK SPRINGS, FL 32435

Mailing Address

38 S 8TH ST

DE FUNIAK SPRINGS, FL 32435





04062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2505654

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, CRAIG S 38 S 8TH ST

DE FUNIAK SPRINGS, FL 32435

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 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flori 	da. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE.

Signature, typed or printed name of registered agent and tide if applicable.

(NOTE. Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000886692 04/18/08-80068-012 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, ANN S 702 CIRCLE DRIVE DE FUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, CRAIG S 38 S 8TH ST DE FUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, CELIA 702 CIRCLE DRIVE DE FUNIAK SPRINGS, FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filling 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 eath; 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:

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

Daytime Phone #