2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# L05000093640

Entity Name: ROBOCORP ,LLC

Current Principal Place of Business:

20 NORTH MAIN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

30 NORTH MAIN STREET
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-3510356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHILLINGTON, SCOTT J
30 N. MAIN ST.
GAINESVILLE, FL 32601 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	( ) Delete
Name:	ALCORN, PETER W	
Address:	P.O. BOX 2633	
City-St-Zip:	GAINESVILLE, FL 32602	
Title:	MGRM	( ) Delete
Name:	SHILLINGTON, SCOTT J	
Address:	415 SE 6TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	MGRM	( ) Delete
Name:	MENDEZ, HAROLD	
Address:	1025 NW 36TH AVE	
City-St-Zip:	GAINESVILLE, FL 32609	

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 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: SCOTT J SHILLINGTON MGMT 02/28/2008

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