

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000113831</b>  |   |
| 1. Entity Name<br>ROBBINS FAMILY, LLC                                       |   |
| Principal Place of Business<br>7306 FLORANADA WAY<br>DELRAY BEACH, FL 33446 | Mailing Address<br>7306 FLORANADA WAY<br>DELRAY BEACH, FL 33446 |



02202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>20-3855314   | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> | \$5.00 Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

ROBBINS, STUART M  
7306 FLORANADA WAY  
DELRAY BEACH, FL 33446

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | I                              |
| NAME            | ROBBINS, STUART M              |
| STREET ADDRESS  | 7306 FLORANADA WAY             |
| CITY - ST - ZIP | DELRAY BEACH, FL 33446         |
| TITLE           | A                              |
| NAME            | OLIVER, ROBERT D               |
| STREET ADDRESS  | 2311 E. STADIUM BLVD., STE 212 |
| CITY - ST - ZIP | ANN ARBOR, MI 48104            |
| 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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03/09/07-80011-002 55.00

**DO NOT WRITE  
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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:**

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

Date

Daytime Phone #