2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# L06000002135

Entity Name: ROBINSON FAMILY MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

1501 VENERA AVENUE, SUITE 300
C/O ROBINSON & ASSOCATES, P.A.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1501 VENERA AVENUE, SUITE 300
C/O ROBINSON & ASSOCATES, P.A.
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-8663687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, RAMOND L ESQ.
C/O ROBINSON & ASSOCIATES, P.A.
1501 VENERA AVE., SUITE 300
CORAL GABLES, FL 33146 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: MGR ( ) Delete
Name: ROBINSON, ROBERT S JR.
Address: 1950 OLD TOMOKA ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR ( ) Delete
Name: ROBINSON, RAYMOND L
Address: 3895 PARK AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

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: RAYMOND L. ROBINSON ESQ. MGR 02/08/2008

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