

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002485

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** ROBINSON BROTHERS CUSTOM CABINETS, LLC

**Current Principal Place of Business:**

151 D COMMERCE DRIVE  
PORT ST. JOE, FL 32456 US

**New Principal Place of Business:**

318 6TH STREET  
PORT ST. JOE, FL 32456 US

**Current Mailing Address:**

151 D COMMERCE DRIVE  
PORT ST. JOE, FL 32456 US

**New Mailing Address:**

318 6TH STREET  
PORT ST. JOE, FL 32456 US

**FEI Number:** 20-4066783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PERRAULT, AUBREY A  
283 LAIRD DR.  
FREEPORT, FL 32439 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: ROBINSON, MICHAEL  
Address: 2229 MT ZION CHURCH RD  
City-St-Zip: ALEXIS, NC 28006 US

Title: MGRM (X) Delete  
Name: ROBINSON, ERNIE  
Address: 115 SUMMIT LANE  
City-St-Zip: BREMEN, GA 30110 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, ERNEST  
Address: 115 SUMMIT LANE  
City-St-Zip: BREMEN, GA 30110 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:** ERNEST ROBINSON

MGRM

04/12/2007

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