

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000009261</b> 1. Entity Name <b>ROBIN D ROSENBERGER "LLC"</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">07 APR 27 AM 9:29</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business 2790 LAKE VIEW POINT RD. QUINCY, FL 32351				Mailing Address 2790 LAKE VIEW POINT RD. QUINCY, FL 32351				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">BK</div>  <div style="font-size: 0.8em;">04162007 Chg-LLC CR2E083 (12/06)</div>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>02-0766122</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Zip		Country		Zip		Country			
ROSENBERGER, ROBIN D 2790 LAKE VIEW POINT RD. QUINCY, FL 32351				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">BK</div>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROSENBERGER, ROBIN D 2790 LAKE VIEW POINT RD. QUINCY, FL 32351			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 1.5em; font-weight: bold;">600101703836</div> <div style="font-size: 0.8em;">05/07/07--01021--011 **50.00</div>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 606, Florida Statutes.									
SIGNATURE: 				4-27-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #			