


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90136 047 ****50.00

DOCUMENT # L06000101408

1. Entity Name
ROBIN LAKES, LLC



Principal Place of Business
**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

Mailing Address
**520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #
2222 Ponce de Leon Blvd

3. Mailing Address
 Suite, Apt. #, etc.
Penthouse Suite

City & State
Coral Gables, FL

City & State
 City & State

Zip
33134

Country
USA



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5131545

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**TRANSGLOBAL CORPORATE ADMINISTRATION, LLC
 520 BRICKELL KEY DRIVE
 SUITE 0-305
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

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



9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	CAMPOS, FERNANDO	520 BRICKELL KEY DRIVE	MIAMI, FL 33131	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *Fernando Campos* **Fernando Campos** 02-09-01 305-374-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #