

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000008708

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** T. ROBINSON PRODUCTION, LLC.

**Current Principal Place of Business:**

1063 SEATTLE SLEW LN.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 28241  
JACKSONVILLE, FL 32226

**New Mailing Address:**

FEI Number: 27-4017096

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COLEMAN, VERNITA Y DR.  
1063 SEATTLE SLEW LN  
JACKSONVILLE, FL 32218 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  
Name: COLEMAN, VERNITA Y DR.  
Address: 1063 SEATTLE SLEW LN.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: WHITE, AUDREY A MRS.  
Address: 350 CHAMPION CT.  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM  
Name: JENNINGS, FREDRICK V  
Address: 1063 SEATTLE SLEW LN.  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: WHITE, EUGENE L MR.  
Address: 350 CHAMPION CT.  
City-St-Zip: ORANGE PARK, FL 32073

I hereby 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: VERNITA Y. COLEMAN

MGR

03/22/2012

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