

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000001183

1. Entity Name
ROBINHOOD RENTAL PARTY PLACE, L.C.



Principal Place of Business
**2590 S. STATE ROAD 7
HOLLYWOOD, FL 33023**

Mailing Address
**2590 S. STATE ROAD 7
HOLLYWOOD, FL 33023**

DO NOT WRITE IN THIS SPACE



D1282005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0791516

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPENKUCH, HANS-GUENTHER
2590 S. STATE ROAD 7
HOLLYWOOD, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

0000000211425
02/02/05-80119-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEUHNLEIN, EBERHARD
STREET ADDRESS	2590 S. STATE ROAD 7
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	MGRM
NAME	SPENKUCH, HANS-GUENTHER
STREET ADDRESS	2590 S. STATE ROAD 7
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SPENKUCH

1-29-05

**934
966-3136**