## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M02000000953

1. Entity Name
ROBBINS SPORT FLOORS-SOUTH FLORIDA, LLC



Mailing Address

Principal Place of Business 6540 E. ROGERS CIR. BOCA RATON, FL 33487

6540 E. ROGERS CIR. BOCA RATON, FL 33487

## FILED Apr 17, 2006 08:00 AM Secretary of State



01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0562005 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DEAN 6540 E. ROGERS CIR. BOCA RATON, FL 33487

## DO NOT WRITE IN THIS SPACE

5. The above the obliga	e named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	Charter Developed Assessment and the selection of the sel	
	<del></del>	(NOTE: Registered Agent signature required when reinstating)	OATE
· F	iling Fee is \$50.00 ue by May 1, 2006	;	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBBINS, INC. 4777 EASTERN AVE. CINCINNATI, OH 45226		U00000516229 04/29/06-80241-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		en.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO	NOT WRITE
TITLE HAME STREET AODRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby (	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sh	quality for the exemptions contained in Chapter 119.	Florida Statutes. I further certify that the information

The early that the information supplied with this filling does not qualify for the exemptions contained in Unapter 119; Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shift 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

04/12/06

561.9977759

Dayrime Phone if