

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jul 02, 2008 8:00 am
Secretary of State

05-29-2008 90014 008 ***138.75

DOCUMENT # M04000005105 1. Entity Name MORRIS ROBINSON TRUST - GLENWOOD OAKS, LLC					
Principal Place of Business 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432			Mailing Address 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-2391903	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KRALL, MARK 616 E. ATLANTIC AVENUE DELRAY FL 33483			7. Name and Address of New Registered Agent Name ROBINSON, MORRIS Street Address (P.O. Box Number is Not Acceptable) 48 E ROYAL PALM RD City BOCA RATON FL Zip Code 33432		
8. The above named entity used 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			Morris Robinson, Manager 4/2/08 <small>(Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when changing) DATE</small>		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINSON, MORRIS TRUSTEE 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432 <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	MGRA ROBINSON, CHARLOTTE 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA BRAMNICK, HINDA 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA ROBINSON-ADAMSON, HARRIET 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA ROBINSON, PHYLLIS 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER MANAGING MEMBER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA ROBINSON, JOSHUA 48 EAST ROYAL PALM ROAD BOCA RATON FL 33432 <input checked="" 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 Section 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:			Morris Robinson 4-2-08 561.368.1852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		

6/25/08



ATTACHMENT

30010121

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2008

MORRIS ROBINSON TRUST - GLENWOOD OAKS, LLC
48 EAST ROYAL PALM ROAD
BOCA RATON, FL 33432

JUN 16 2008

Subject: MORRIS ROBINSON TRUST - GLENWOOD OAKS, LLC

Reference Number: M04000005105

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$138.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 6478, TALLAHASSEE, FLORIDA 32314 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cw
ANNUAL REPORTS SECTION

*Corrections
made.
Thank you*