

**2015 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B00000000399

**Entity Name:** ROBINSONS OF STATESVILLE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

164 BAYMOUNT DRIVE  
STATESVILLE, NC 28625

**Current Mailing Address:**

164 BAYMOUNT DRIVE  
STATESVILLE, NC 28625

**FEI Number: 56-6513110**

**Certificate of Status Desired: No**

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

ROBINSON, GARY  
2901 S ATLANTIC AVE  
803  
DAYTONA BEACH SHORES, FL 32118 US

*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

**General Partner Detail :**

Document #  
Name ROBINSON, GARY TTRUSTEE  
Address 164 BAYMOUNT DRIVE  
City-State-Zip: STATESVILLE NC 28625

Document #  
Name ROBINSON, ROSE ATRUSTEE  
Address 164 BAYMOUNT DRIVE  
City-State-Zip: STATESVILLE NC 28625

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY ROBINSON**

**MANAGER**

**04/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date