

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020453

FILED
Mar 07, 2006
Secretary of State

Entity Name: RABURN ENTERPRISES, LLC

Current Principal Place of Business:

6615 COLD STREAM DR
CUMMING, GA 30040 US

New Principal Place of Business:

635 BONAVENTURE AVE. NE
ATLANTA, GA 30306 US

Current Mailing Address:

6615 COLD STREAM DR
CUMMING, GA 30040 US

New Mailing Address:

635 BONAVENTURE AVE NE
ATLANTA, GA 30306 US

FEI Number: 02-0719615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA, LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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: MGRM () Delete
Name: RABURN, JERRY A
Address: 6615 COLDSTREAM DR
City-St-Zip: CUMMING, GA 30040

Title: MGRM () Delete
Name: RABURN, BETTE B
Address: 6615 COLD STREAM DR
City-St-Zip: CUMMING, GA 30040

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RABURN, JERRY A
Address: 635 BONAVENTURE AVE NE
City-St-Zip: ATLANTA, GA 30306

Title: MGRM (X) Change () Addition
Name: RABURN, BETTE B
Address: 635 BONAVENTURE AVE. NE
City-St-Zip: ATLANTA, GA 30306

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: JERRY RABURN

MGRM

03/07/2006

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