


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000069684**

1. Entity Name  
**RAINERI'S GOLDEN HANDCUFFS, LLC**



Principal Place of Business <b>2605 S.W. 33RD STREET, #200          Ocala, FL 34474</b>	Mailing Address <b>2605 S.W. 33RD STREET, #200          Ocala, FL 34474</b>
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**DO NOT WRITE IN THIS SPACE**



03282007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-3151225</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KIRKPATRICK, KENNETH B**  
**2605 S.W. 33RD STREET, #200**  
**Ocala, FL 34474**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAINERI, JOHN 2605 S.W. 33RD STREET, #200 OCALA, FL 34474
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**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **Ken Kirkpatrick**      **4/12/07**      **352-620-2514**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #