


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90435 003 ****50.00

DOCUMENT # L06000108185

1. Entity Name
RAMBUTAN LLC



Principal Place of Business Mailing Address

600 BRICKELL AVENUE 600 BRICKELL AVENUE
 SUITE 800 SUITE 800
 MIAMI, FL 33131 MIAMI, FL 33131

00001170



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

777 Brickell Avenue *777 Brickell Avenue*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 808 *Suite 808*

03282007 Chg-LLC CR2E083 (12/06)

City & State City & State

Miami, FL. *Miami, FL.*

4. FEI Number Applied For

Not Applicable

Zip Country Zip Country

33131 *USA* *33131* *USA*

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEVILLA, CHARLOTTE
 600 BRICKELL AVENUE
 SUITE 800
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name *Loretta Cockrum*
 Street Address (P.O. Box Number is Not Acceptable)
777 Brickell Ave. suite 808
 City *Miami* FL Zip Code *33131*

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 *Loretta A. Cockrum* *Loretta Cockrum* DATE *3/29/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PO LENG LAM, YVONNE 600 BRICKELL AVENUE, SUITE 800 MIAMI, FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>777 Brickell Ave. suite 808</i> <i>Miami, FL. 33131</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Loretta A. Cockrum* *Loretta Cockrum* Date *3/29/07* Daytime Phone # *305 358 9807*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE