


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90160 025 ***138.75

DOCUMENT # L07000088784

1. Entity Name
456 RAINBOW SPRINGS LLC



Principal Place of Business Mailing Address

2 SOUTH UNIVERSITY DRIVE **2 SOUTH UNIVERSITY DRIVE**
SUITE 210 **SUITE 210**
PLANTATION, FL 33324 US **PLANTATION, FL 33324 US**

50005776

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

3970 SW 53 CT **3970 SW 53 CT**

Suite, Apt. #, etc. Suite, Apt. #, etc.



02212008 Chg-LLC CR2E083 (12/06)

City & State City & State

FT. LAUDERDALE, FL **FT. LAUDERDALE, FL**

4. FEI Number Applied For

26-0334968 Not Applicable

Zip Country Zip Country

33312 **USA** **33312** **USA**

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

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6. Name and Address of Current Registered Agent

STEVENS & GOLDWYN, PA
2 SOUTH UNIVERSITY DRIVE
SUITE 210
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
ISRAEL KUDMAN

Street Address (P.O. Box Number is Not Acceptable)

3970 SW 53 CT

City State Zip Code
FT. LAUDERDALE **FL** **33312**

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 this obligations of registered agent.

SIGNATURE *[Signature]* DATE **4/29/08**

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

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	MGRM KUDMAN, ISRAEL 2 SOUTH UNIVERSITY DRIVE, #210 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3970 SW 53 CT FT. LAUDERDALE 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: *[Signature]* ISRAEL KUDMAN Date **4/29/08**

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