2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0400000396

1. Entity Name

RSBC DELAWARE, LLC

Principal Place of Business



Mailing Address

450 EAST LAS OLAS BLVD, STE 1500 FT LAUDERDALE, FL 33301 450 EAST LAS OLAS BLVD, STE 1500 FT LAUDERDALE, FL 33301

FILED
May 01, 2006 08:00 AM
Secretary of State



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 83-0376820 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVE, 28TH FLOOR MIAMI, FL 33131

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	e named entity submits this statement for the purpose of char trions of registered agent.	nging its registers	ad office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(MOTE, Registered	Agent signature (equired when teinstating)	DATE
F	iling Fee is \$50.00 bue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUIZENGA HOLDINGS, INC. 450 EAST LAS OLAS BLVD, STE 1500 FT LAUDERDALE, FL 33301	<u></u>		U00000549051 05/13/06-80005-008 5 0.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP		-	IN ⁻	THIS SPACE
THLE NAME STRCLI ADDRESS CITY-ST-ZIP				
TITLE	{			

11. I hereby certify that the information supplied with this liting 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 cath, that I am a managing member or manager of the limited hability company of the reflective for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

4/25/06

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