2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# L02000001103

Entity Name: THE ENCLAVE RPB, LLC

Current Principal Place of Business:

3250 MARY ST SUITE 500
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3250 MARY ST SUITE 500
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 04-3590865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MATTHEW RIEGER, P A
3250 MARY STREET
SUITE 500
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

RIEGER, MATTHEW ESQ.
3250 MARY STREET
SUITE 500
COCONUT GROVE, FL 33133 US

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: MATTHEW RIEGER ESQ. 05/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MARCUS, JANE
Address: 3250 MARY STREET STE 500
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR ( ) Delete
Name: RIEGER, RANDY
Address: 3250 MARY STREET STE 500
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RANDY RIEGER P 05/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date