2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2005 8:00 am Secretary of State

DOCUMENT # 714379 1. Entity Name				875. 1	02-25-2005 901 46 040 ****61.25			
	RBOUR SOUTH, INC.							
Principal Plac 2100 BENJA SARASOTA, F	MIN FRANKLIN DRIVE	Mailing Address 2100 BENJAMIN FRANKI SARASOTA, FL 34236	O BENJAMIN FRANKLIN DRIVE					
allo	BENJAMIN FRANKWD		Franklin 1	71.				
Suite, Apt.		Suite, Apt. #, etc.			Chg-NP	CR2E037 (10/03)		
City & State		City & State		4. FEI Number 59-12829	97		Applied For Not Applicable	
Zip	Country	Zip ·	Country	5. Certificate of		□ \$8.75 A Fee Requi		
	6.: Name and Address of Current R	cgistered Agent	Name	7Name and A	ddress of New R	legistered Agent		
ARNAY, OSCAR 2110 BEN FRANKLIN DRIVE SARASOTA, FL 34236			Street Ac	ddress (P.O. Box Number i	s Not Acceptable	e)		
0/1101001	A, I E 07200							
			City			FL Zip Co	ode	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or	registered agent, or both,	in the State of Flo	orida. I am familiar wit	h, and accept	
SIGNATURE							.	
	C1							
	Signature, typed or printed name of registered agent ar	· · · · · · · · · · · · · · · · · · ·		ure required when reinstating)	T	DATE	 .	
	Filing Fee is \$61.25 Due by May 1, 2005	· · · · · · · · · · · · · · · · · · ·	paign Financing	\$5.00 May Be Added to Fees		DATE lake check payable rida Department of		
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIRE	9. Election Cam Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees	Flor	lake check payable rida Department of RS AND DIRECTORS	State IN 10	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:X & Solin	X 1-21-	2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	