

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90010 022 ****55.00

DOCUMENT # L00000005676

1. Entity Name
RAINMASTER, L.L.C.



Principal Place of Business
**3439 TECHNOLOGY DRIVE
NOKOMIS, FL 34275**

Mailing Address
**3439 TECHNOLOGY DRIVE
NOKOMIS, FL 34275**

(New Address on card attached.)

*Rainmaster LLC
121 Triple Diamond Blvd.*

Unit 1 North Venice, FL 34275
DO NOT WRITE IN THIS SPACE

20047213



04052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2550920

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BODI, ROBERT A
3439 TECHNOLOGY DRIVE
NOKOMIS, FL 34275**

**DO NOT WRITE
IN THIS SPACE**

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

Robert A. Bodi **Robert A. Bodi**

4-20-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BODI, ROBERT A
2154 CALUSA LAKES BLVD
NOKOMIS, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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:

Robert A. Bodi

4-20-05 (941) 480-9808

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

Date

Daytime Phone #