


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L00000014849 1. Entity Name RAINBOW'S END, LLC |  |
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|--|--|
| Principal Place of Business 379 EAGLE DR JUPITER, FL 33477 | Mailing Address 379 EAGLE DR JUPITER, FL 33477 |
|--|--|

DO NOT WRITE IN THIS SPACE



04112005No Chg-LLC

CR2E083 (10/03)

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|------------------------------------|--|
| 4. FEI Number 08-7364631 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent GOLD, HARVEY P 379 EAGLE DR JUPITER, FL 33477 |
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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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (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 GOLD, HARVEY 379 EAGLE DRIVE JUPITER, FL 33477 |
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1000000310346
04/16/05-80072-023 50.00

**DO NOT WRITE
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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:  Harvey Gold | 4/12/05 | (561) 575-0090 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |