## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L01000001570**

1. Entity Name RBS CAREER LLC



Principal Place of Business

700 E. DANIA BEACH BLVD., STE. 202 DANIA, FL 33004 Mailing Address

700 E. DANIA BEACH BLVD., STE. 202 DANIA, FL 33004

## FILED Apr 10, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

03172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 03-0398464 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK 700 E. DANIA BEACH BLVD., STE. 202 DANIA, FL 33004

CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

04/01/06

6. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Re			ered Agent eignature required when reinstaling)  DATE	
F	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COZZOLINO, SERGE 35 RUE DU MARECHAL FOCH PARMAIN, 95620 FRANCE,			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-81-27P				(INON00497457 04/22/06-80054-012 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THTLE NAME STREET ADDRESS			 	

11. I hereby certify that the information supplied with this filling does not quality 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 it 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 AND TYPED OR PRINTED NAME OF SIDNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE