

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90348 004 ****50.00

DOCUMENT # L01000019536 1. Entity Name RAINBOW VILLAGE, LLC					
Principal Place of Business 1015-12TH AVENUE NORTH OFFICE PALMETTO, FL 34221			Mailing Address 4648 BAY CREST DRIVE TAMPA, FL 33615		
2. Principal Place of Business		3. Mailing Address 1015-12TH AVE OFFICE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PALMETTO, FL		4. FEI Number 59-3760006	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 34221		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, CHRISTINE A 4648 BAY CREST DR. TAMPA, FL 33615				7. Name and Address of New Registered Agent Name CHRISTINE JACKSON Street Address (P.O. Box Number is Not Acceptable) 1015-12TH AVE NORTH - OFFICE City PALMETTO FL Zip Code 34221	
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 <u><i>Christine A Jackson</i></u> DATE <u>3/7/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DULIN, WOODROW W 4648 BAY CREST LN TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1015-12TH AVE NORTH PALMETTO, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>W. W. Dulin</i></u> 3-7-05 813-881-0215 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					