


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90018 040 ***150.00

DOCUMENT # L01000019536	
1. Entity Name RAINBOW VILLAGE, LLC	

Principal Place of Business 1015-12TH AVENUE NORTH OFFICE PALMETTO, FL 34221	Mailing Address 1015-12TH AVENUE NORTH OFFICE PALMETTO, FL 34221
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 66069
City & State	City & State ST. PETE BEACH
Zip	Country USA

03122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3760006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent JACKSON, CHRISTINE A 1015-12TH AVENUE NORTH PALMETTO, FL 34221	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 420-64TH AVE - 5D5E	
City ST. PETE BEACH	Zip Code 33706

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 Christine A Jackson	DATE 3/13/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DULIN, WOODROW W 1015-12TH AVENUE NORTH PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 420-64TH AVE - 5D5E ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 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: W W Dulin	DATE: 3/13/06 DAYTIME PHONE: 727-367-9052