

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90339 036 \*\*\*\*50.00

60050000



02092007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3760006 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L01000019536

1. Entity Name  
RAINBOW VILLAGE, LLC



Principal Place of Business  
1015-12TH AVENUE  
OFFICE  
PALMETTO, FL 34221

Mailing Address  
POB 66069  
SAINT PETERSBURG, FL 33736

2. Principal Place of Business - No P.O. Box # 1015 12TH AVENUE West 3. Mailing Address 23423 CAKEMUND AL LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Palmetto FL 34221

City & State  
Ridgeland TX

Zip  
34221

Country

Zip  
77469

Country  
USA

6. Name and Address of Current Registered Agent

JACKSON, CHRISTINE A  
420-64TH AVE, #  
SAINT PETERSBURG, FL 33706

7. Name and Address of New Registered Agent

Name  
CHRISTINE A. JACKSON

Street Address (P.O. Box Number is Not Acceptable)  
400 64TH AVE #1006W

City  
St Pete Beach FL Zip Code 33736

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*

Signature, typed or printed name of registered agent and if not applicable.

(NOTE: Registered Agent signature required when reinstating)

3/23/07

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME DULIN, WOODROW W  
STREET ADDRESS 420-64TH AVE, #  
CITY-ST-ZIP SAINT PETERSBURG, FL 33706 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 400 64TH AVE # 1006W  
CITY-ST-ZIP ST PETE BEACH FL 33736 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Al Nohar - Treasurer*

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

3/23/07

Date

713-353-7118

Daytime Phone #