

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000021759

1. Entity Name

RANKIN, GRAVETT, RHODES, LLC



Principal Place of Business

1300 N.W. 17TH AVENUE  
SUITE 255  
DELRAY BEACH, FL 33445

Mailing Address

1300 N.W. 17TH AVENUE, SUITE 255  
DELRAY BEACH, FL 33445



01302004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1154679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAVETT, STEPHEN E  
1300 N.W. 17TH AVENUE, SUITE 255  
DELRAY BEACH, FL 33445

**DO NOT WRITE  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME RANKIN, RICHARD M  
STREET ADDRESS 1300 N.W. 17TH AVENUE, SUITE 255  
CITY - ST - ZIP DELRAY BEACH, FL 33445

TITLE MGR  
NAME GRAVETT, STEPHEN E  
STREET ADDRESS 1300 N.W. 17TH AVENUE, SUITE 255  
CITY - ST - ZIP DELRAY BEACH, FL 33445

TITLE MGR  
NAME RHODES, PAUL T JR.  
STREET ADDRESS 1100 VISTA DEL MAR DRIVE SOUTH  
CITY - ST - ZIP DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000033350  
02/05/04-80040-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

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

1/30/04 561 243-9200  
Date Daytime Phone #