2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-23-2007 90173 012 ****50.00

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1. Entity Name

RANKIN, GRAVETT, RHODES, LLC

Principal Place of Business	Mailing Address
1300 N.W. 17TH AVENUE SUITE 255 DELRAY BEACH FL 33445	1300 N.W. 17TH AVENUE, SUITE 255 DELRAY BEACH FL 33445

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
301 EAST OCEAN AV		301 E. OCEAN AV	
Suite, Apt. #, etc. STE #1		Suite, Apt. #, etc. #1	
City & State LANTANA FL		City & State LANTANA, FL	
Zip 33462	Country USA	Zip 33462	Country USA

1st MOORE CR2E083 (10/06)

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GRAVETT, STEPHEN E 1300 N.W. 17TH AVENUE, SUITE 255 DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 301 E. OCEAN AV. STE #1 LANTANA FL 33462
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RHODES, PAUL T JR. 1100 VISTA DEL MAR DRIVE SOUTH DELRAY BEACH FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 Section 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: ______________________ 4/03/07 561-243-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #