

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011686

FILED
Aug 14, 2006
Secretary of State

Entity Name: RFT TRUST, LLC

Current Principal Place of Business:

800 WEST OAKLAND PARK BLVD, STE 100
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

7901 SW. 6 COURT, STE 120
PLANTATION, FL 33324

Current Mailing Address:

800 WEST OAKLAND PARK BLVD, STE 100
FORT LAUDERDALE, FL 33311

New Mailing Address:

7901 SW. 6 COURT, SUITE 120
PLANTATION, FL 33324

FEI Number: 55-0820791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMRING, ELLIS S
800 WEST OAKLAND PARK BOULEVARD, SUITE 100
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

NAT, GRANIT
140 NW. 96 TR, SUITE 207
PLANTATION, FL 33324 US

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.

SIGNATURE: NAT

08/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DT () Delete
Name: SIMRING, ELLIS S
Address: 800 W OAKLAND PK BLVD STE 100
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STEVE, RASABI
Address: 7901 SW. 6 COURT, SUITE 120
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE

MGR

08/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date