

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013932

FILED
Apr 14, 2006
Secretary of State

Entity Name: RAIN TREE FOREST AVIARY, LLC

Current Principal Place of Business:

5873 JONES ROAD
ST. CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

5873 JONES ROAD
ST. CLOUD, FL 34771

New Mailing Address:

5873 JONES ROAD
SAINT CLOUD, FL 34771

FEI Number: 37-1433992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRONSON, HALEY D
100 CHURCH STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

BRUE, GAYLE L
5873 JONES ROAD
SAINT CLOUD, FL 34771 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: GAYLE L. BRUE

04/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BRUE, RANDAL N
Address: 5873 JONES ROAD
City-St-Zip: ST. CLOUD, FL 34771

Title: MGRM () Delete
Name: BRUE, GAYLE L
Address: 5873 JONES ROAD
City-St-Zip: ST. CLOUD, FL 34771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RANDAL N. BRUE

MGRM

04/14/2006

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