2003

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -7 PM 4:28

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DOCUMENT # L02000019501

1. Entity Name
RNB, L.C.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
10107 SOUTHERN BLVD.	10107 SOUTHERN BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ROYAL PALM BEACH, FL	City & State: ROYAL PALM BEACH, FL
Zip: 33411 Country:	Zip: 33411 Country:

4. FEI Number: 75-3075379 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LAWRENCE A. CAPLAN [redacted]
Street Address (P.O. Box Number is Not Acceptable): 2200 CORPORATE BLVD., SUITE 304
City: BOCA RATON FL Zip Code: 33431

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date, if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER/PRESIDENT & SECRETARY SAL GIOVIA 2559 KITTBUCK WAY WEST PALM BEACH, FL 33411	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER/V.P. [redacted] ROSEANN GIOVIA 2559 KITTBUCK WAY WEST PALM BEACH, FL 33411	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER/TREASURER JEFFREY BISHOP 1760 ANNANDALE CIR ROYAL PALM BEACH, FL 33411	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER CHANEE BISHOP 1760 ANNANDALE CIR ROYAL PALM BEACH, FL 33411	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
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DO NOT WRITE IN THIS SPACE

Ck 1/7/03

CR2E093B (12/01)

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: Sal Giovia 11/22/02 561-792-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #