


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90350 025 *****55.00

DOCUMENT # L02000024388	
1. Entity Name RAINWATER, LLC	

Principal Place of Business 2583 AMAYA TERRACE LAKE MARY FL 32746	Mailing Address 2583 AMAYA TERRACE LAKE MARY FL 32746
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2. Principal Place of Business 276 CLYDESDALE CIRCLE Suite, Apt. #, etc.	3. Mailing Address 276 CLYDESDALE CIRCLE Suite, Apt. #, etc.
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City & State SANFORD, FLORIDA	City & State SANFORD, FLORIDA
Zip 32773-6898	Country SEMINOLE



MOORE CR2E083 (11/03)

4. FEI Number 06-1650223	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RAINWATER, GEORGE DONALD — CORRECT AGENT 2583 AMAYA TERRACE WRONG ADDRESS LAKE MARY FL 32746 NEW ADDRESS 276 CLYDESDALE CIRCLE SANFORD FLORIDA 32773-6898
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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 <u>George Donald Rainwater</u> Signature, typed or printed name of registered agent and title if applicable.	<u>4/4/04</u> DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAINWATER, GEORGE DONALD 2583 AMAYA TERR LAKE MARY FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAINWATER, LOIS E 2583 AMAYA TERR LAKE MARY FL 32746 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAINWATER, GEORGE DONALD 276 CLYDESDALE CIRCLE SANFORD, FLORIDA 32773-6898 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAINWATER, LOIS E 276 CLYDESDALE CIRCLE SANFORD, FLORIDA 32773-6898 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>George Donald Rainwater</u> GEORGE DONALD RAINWATER <u>4/4/04</u> <u>407-330-3877</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #