


**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L02000031565</b> 1. Entity Name <b>RABBIT RIDGE PROPERTIES, L.L.C.</b>						10102484	
Principal Place of Business 10 FAIRWAY DR., #303 DEERFIELD BEACH, FL 33441		Mailing Address 10 FAIRWAY DR., #303 DEERFIELD BEACH, FL 33441					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number		Applied For <input checked="" type="checkbox"/> (Not Applicable)	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
6. Name and Address of Current Registered Agent WADE, MICHAEL G 10 FAIRWAY DR., #303 DEERFIELD BEACH, FL 33441				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent Signature should often accompany)</small>							
[Redacted Signature Area]							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WADE, MICHAEL G 10 FAIRWAY DR., #303 DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 606, Florida Statutes.							
SIGNATURE: <i>Michael G Wade</i> 4/29/2003 954-562-1669							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date City and Phone #</small>							

CRE0083 (10/02)