2005 LIMITED LIABILITY COMPANY

2005 08:00 AM

ANNUAL REPORT				Mar 09, 2005 08:00		
DOCU	MENT # L020000333	379		Secret	tary of State	
1. Entity Name RSB INVESTMENT GROUP, LLC						
		·		3		
Principal Plac	ce of Business_	Mailing Address				
631 NW 207	7 TERRACE Pines, Fl 33029	631 NW 207 TERRACE PEMBROKE PINES, FL 33029			* * · ·	
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DO NOT WRITE IN THIS SPACE			^E	02092005 No Chg-LLC	12E083 (10/03)	
			VE	4. FEI Number 46-0508700	Applied For	
				5. Certificate of Status Desired	Not Applicable \$5.00 Additional	
	5. Name and Address of Current Re	egistered Agent	· ·	5. Cermicate of Status Pastieu	Fee Required	
		Selection Adole				
DENNERY, RICHARD 631 NW 207 TERRACE			DO NOT WRIT	TE		
PEMBROKE PINES, FL 33029			IN THIS SPACE	F		
				M THO OLAC		
8. The above	named entity submits this statement for t tions of registered agent,	he purpose of changing its registere	ed office or register	ed agent, or both, in the State of Florida.	am familiar with, and accept	
_	ions or registered agent,					
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registered	i Agent signature required	when reinstating) DA	TE	
Filing Fee is \$50.00 Due by May 1, 2005				U000002569 03/09/05-8003	88 3-022 50.00	
9,	MANAGING MEMBER	S/MANAGERS				
TITLE NAME	MGRM DENNERY, RICHARD		······································			
STREET ADDRESS	631 NW 207 TERRACE	·				
CITY-ST-ZIP	PEMBROKE PINES, FL 33029 MGRM					
TITLE NAME	JARAMILLO, SACHA				<u>૽૽૽૽૽ૹ૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽૽</u>	
STREET ADDRESS	1641 FAIRWAY RD					
CITY-ST-ZIP	PEMBROKE PINES, FL 33026					
TITLE NAME			*****			
STREET ADDRESS	,			DO NOT WRIT	re	
CITY-ST-ZIP			1			
TITLE NAME				—IN THIS SPAC	注	
STREET ADDRESS						
CITY-ST-ZIP						
title Name						
STREET ADDRESS	,					
CITY-ST-ZIP		The State of				
title Name						

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

URE: HEN BEN AGING HEN BEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #