


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L02000033379 1. Entity Name RSB INVESTMENT GROUP, LLC |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 631 NW 207 TERRACE PEMBROKE PINES, FL 33029 | Mailing Address 631 NW 207 TERRACE PEMBROKE PINES, FL 33029 |
|---|---|



02092005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 46-0508700 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent DENNERY, RICHARD 631 NW 207 TERRACE PEMBROKE PINES, FL 33029 |
|---|

| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000256988
03/09/05-80033-022 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DENNERY, RICHARD 631 NW 207 TERRACE PEMBROKE PINES, FL 33029 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM JARAMILLO, SACHA 1641 FAIRWAY RD PEMBROKE PINES, FL 33026 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Rh/Lf MANAGING MEMBER 2/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #