

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001808

Entity Name: RBI, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

5956 NW BAYLOR AVENUE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

192 NW CENTRAL PARK PLAZA
ST. LUCIE WEST, FL 34986

New Mailing Address:

P.O. BOX 881208
PORT SAINT LUCIE, FL 34988

FEI Number: 43-2005388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISQUE & SCHWAB, P.A.
192 NW CENTRAL PARK PLAZA
ST. LUCIE WEST, FL 34986 US

Name and Address of New Registered Agent:

ANZIL, LISA L MGR
550 SW PRIMA VISTA BLVD
PORT SAINT LUCIE, FL 34983 US

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: LISA ANZIL

01/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DISQUE & SCHWAB, P.A., .
Address: 192 NW CENTRAL PARK PLAZA
City-St-Zip: ST. LUCIE WEST, FL 34986

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANZIL, LISA L MGR
Address: 550 SW PRIMA VISTA BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGR () Change (X) Addition
Name: ANZIL, MARK A MGR
Address: 550 SW PRIMA VISTA BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA ANZIL

MGR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date