

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001808

Entity Name: RBI, LLC

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

5956 NW BAYLOR AVENUE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

8356 CALUMET COURT
PORT ST. LUCIE, FL 34986

Current Mailing Address:

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

New Mailing Address:

FEI Number: 43-2005388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANZIL, LISA L MGR
8356 CALUMET COURT
PORT SAINT LUCIE, FL 34986 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

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANZIL, LISA L MGR
Address: 8356 CALUMET COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGR (X) Change () Addition
Name: ANZIL, MARK A MGR
Address: 8356 CALUMET COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify 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

04/24/2008

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