

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90040 001 \*\*\*150.00

**34004181**



|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L03000007373</b><br>1. Entity Name<br><b>R&amp;B HOLDINGS II, LLC</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>555 SW 12TH AVE.<br/>SUITE 102<br/>POMPANO, FL 33069</b>  |  |  | Mailing Address<br><b>555 SW 12TH AVE.<br/>SUITE 102<br/>POMPANO, FL 33069</b>  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State  |  |  | City & State  |  |  |
| Zip   | Country  | Zip  | Country   | 01282004 Chg-LLC CR2E083 (10/03)                       |  |
| 4. FEI Number<br><b>56-2339557</b>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | <b>\$5.00</b> Additional Fee Required                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GRANER, THOMAS U. ESQ.<br/>2000 GLADES ROAD<br/>SUITE 412<br/>BOCA RATON, FL 33431</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b> Zip Code</span> |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGR<br/>KIRKWOOD, ROBERT<br/>555 SW 12TH AVE.<br/>POMPANO, FL 33069</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 608, Florida Statutes. |  |  |   |  |  |
| <b>SIGNATURE:</b> <i>[Signature]</i>  |  | <i>LITELA P. OKERMAN</i>                                     |   | 4/7/04 (954) 784-5599                                  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  |   |  |  |