


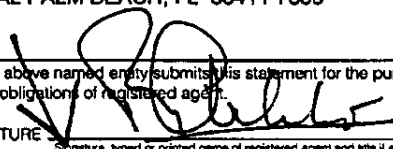
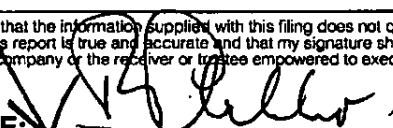
# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/2004-90133-014-\$50.00-\$50.00 \*  
8/30/2004-90140-014-\$50.00-\$50.00

04 OCT -5 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

<b>DOCUMENT # L03000007535</b> 1. Entity Name <b>RHA HOLDINGS, LLC</b>					
Principal Place of Business <b>C/O THE PELICAN GRILL 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411-7635</b>			Mailing Address <b>C/O THE PELICAN GRILL 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411-7635</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07302004 Chg-LLC CR2E083 (10/03) 10/5 4. FEI Number <b>56-2317400</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARKENBOUT, RUDOLF H C/O THE PELICAN GRILL 675 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411-7635</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>(NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President RUDOLPH ARKENBOUT 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					