

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011278



1. Entity Name
RATTLERS EDGE, LLC

Principal Place of Business
1500 MLK JR BLVD
STUDENT UNION BLDG
TALLAHASSEE, FL 32307

Mailing Address
PO BOX 71912
TALLAHASSEE, FL 32307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Old Student Union Bldg.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1249291 Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ELHAZZ MALIK
2115 MLK JR BLVD
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

736 East Jefferson St

City

Tallahassee

FL Zip Code 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-7-06

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/ MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM
NAME MILLER, ELHAZZ MALIK
STREET ADDRESS 2115 MLK JR BLVD
CITY-ST-ZIP TALLAHASSEE, FL 32301

Delete

TITLE MGRM
NAME WOODY, LEVY
STREET ADDRESS 315 N COPELAND ST
CITY-ST-ZIP TALLAHASSEE, FL 32304

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06 MAR - 7 PH 4:50 PM
850 514-3343

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-7-06 850 514-3343