


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000011278</b> 1. Entity Name <b>RATTLERS EDGE, LLC</b>					
Principal Place of Business <b>1500 MLK JR BLVD STUDENT UNION BLDG TALLAHASSEE, FL 32307</b>			Mailing Address <b>PO BOX 71912 TALLAHASSEE, FL 32307</b>		
2. Principal Place of Business Suite, Apt. #, etc. <i>Old Student Union Bldg</i>			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>MILLER, ELHAZZ MALIK 2115 MLK JR BLVD TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>736 East Jefferson St</i> City <i>Tallahassee</i> <b>FL</b> Zip Code <i>32301</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>3-7-06</i>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, ELHAZZ MALIK 2115 MLK JR BLVD TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODY, LEVY 315 N COPELAND ST TALLAHASSEE, FL 32304		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, and 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: <i>[Signature]</i> <i>3-7-06</i> 850 504-3343					

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4. FEI Number *20-249291* Applied For  
APPLIED FOR Not Applicable

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

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 06 MAR -7 PM 4:55