
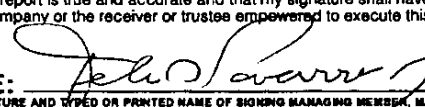


FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90306 001 ***277.50

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

| | | | |
|--|---|--|---|
| DOCUMENT # L03000014709 | |  | |
| 1. Entity Name RINEHART HOLDING, LLC | | | |
| Principal Place of Business 917 RINEHART ROAD SUITE 1001 LAKE MARY, FL 32746 | | Mailing Address 917 RINEHART ROAD SUITE 1001 LAKE MARY, FL 32746 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 04-3754201 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LOONEY, STEPHEN 917 RINEHART ROAD SUITE 1001 LAKE MARY, FL 32746 | | Name 800 N. Magnolia Suite 1500 Orlando, FL 32803 | |
| | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM NAVARRO, FELIX A JR. PO BOX 2169 SANFORD, FL 32771 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM M & G Island Enterprises, LLC P.O. Box 2169 Sanford, FL 32771 c/o Felix Navarro, Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MALLAIAH, LENKALA R 311 N MANGOUSTINE AVE SANFORD, FL 32771 <input checked="" 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 | MGRM GADDIPATI, KALYANI 917 RINEHART ROAD #2051 LAKE MARY, FL 32763 <input checked="" 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 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:  | | Date: 4/23/08 407708-5383 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | |