


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90419 036 ****50.00

DOCUMENT # L03000015918	
1. Entity Name RABCO, LLC	

Principal Place of Business 1401 MANATEE AVE. WEST, STE. 301 BRADENTON, FL 34205	Mailing Address 1401 MANATEE AVE. WEST, STE. 301 BRADENTON, FL 34205
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24045765



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20 0013854	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARNES, GARRET T ESQ 3119 MANATEE AVE. WEST BRADENTON, FL 34205		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEZAR, MATTHEW			NAME			
STREET ADDRESS	1401 MANATEE AVE. WEST, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUDD, ANDREA			NAME			
STREET ADDRESS	1401 MANATEE AVE. WEST, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUDD, RICHARD			NAME			
STREET ADDRESS	1401 MANATEE AVE. WEST, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULFORD, CLYDE			NAME			
STREET ADDRESS	1401 MANATEE AVE. WEST, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULFORD, GINA			NAME			
STREET ADDRESS	1401 MANATEE AVE. WEST, STE. 300			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON, FL 34205			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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.

SIGNATURE: Andrea Budd **ANDREA BUDD** 3-16-04 (941) 746-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #