2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# L03000018843

Entity Name: THE RIB HOUSE, L.L.C.

Current Principal Place of Business:

C/O AJAPOL ANUSORNPANICH
2918 SOUTH FLORIDA
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

C/O AJAPOL ANUSORNPANICH
2918 SOUTH FLORIDA
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 01-0786261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANUSORNPANICH, AJAPOL
2918 SOUTH FLORIDA
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	AA WIRELESS-SOLUTION, , INC.	
Address:	905 FOXHALL	
City-St-Zip:	LAKELAND, FL 33813 US	
Title:	MGRM	( ) Delete
Name:	BUREE, MONTIP	
Address:	410 E. BEACON ROAD	
City-St-Zip:	LAKELAND, FL 33803 US	
Title:	MGR	( ) Delete
Name:	ANUSORNPANICH, NARISSARA	
Address:	905 FOXHALL	
City-St-Zip:	LAKELAND, FL 33813	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NARISSARA ANUSORNPANICH MGR. 04/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date