


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90009 008 ****50.00

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| DOCUMENT # L03000019292 |  |
| 1. Entity Name RNMB INVESTMENTS, L.L.C. | |

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| Principal Place of Business 1252 CREEK BEND RD. JACKSONVILLE, FL 32259 | Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255 |
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|---|---------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Zip |
| Country | Country |

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|---|---|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| SCHNEIDER, MICHAEL N 5150 BELFORT RD., BLDG. 100 JACKSONVILLE, FL 32256 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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| 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 <u>David Maron</u> | DATE <u>7/11/07</u> |
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| Filing Fee is \$50.00 Due by September 14, 2007 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARON, DAVID N 11173 BEACH BOULEVARD JACKSONVILLE, FL 32246 <input 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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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.

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| SIGNATURE: <u>David Maron</u> | DATE <u>7/11/07</u> | Daytime Phone # <u>904-641-0822</u> |
|--------------------------------------|----------------------------|--|

60054283



07112007 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number NOT APPLICABLE | 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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