

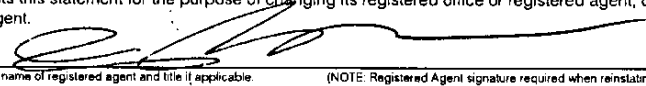
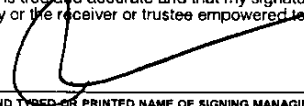


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90028 023 ****50.00

DOCUMENT # L03000021151 1. Entity Name RHYMBOX, LLC			
Principal Place of Business 6300 NE 1ST AVE. SUITE 200 FT. LAUDERDALE, FL 33334		Mailing Address 6300 NE 1ST AVE. SUITE 200 FT. LAUDERDALE, FL 33334	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1326 SE 17th St. Suite, Apt. #, etc. Suite 265 City & State Ft. Lauderdale, FL Zip Country 33316 USA	
			
		04282006 Chg-LLC CR2E083 (11/05)	
		4. FEI Number NOT APPLICABLE 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 KRASKER, PAUL A MOYLE, FLANIGAN, KATZ, RAYMOND & SHEEHAN 625 N. FLAGLER DR., 9TH FLOOR WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name 1010 Registered Agent Services Street Address (P.O. Box Number is Not Acceptable) 6300 NE 1st Ave. Suite 200 City State Zip Code Ft. Lauderdale FL 33316	
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		04/28/06 <small>DATE</small>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	
NAME	RHYMBOX, LLC <input type="checkbox"/> Delete	NAME	
STREET ADDRESS	931 VILLAGE BOULEVARD, SUITE 905-162	STREET ADDRESS	
CITY- ST- ZIP	WEST PALM BEACH, FL 33409	CITY- ST- ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	NAME	
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CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME	<input type="checkbox"/> Delete	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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		04/28/06 888-552-9913 <small>Date Daytime Phone #</small>	

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