## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jan 09, 2008 08:00 Al tate

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1. Entity Nam RATTEY	ENTERPRISES, LLC			cictary or s
9416 PALES	ce of Business Mailing Address STRO STREET 9416 PALESTRO STREET H, FL 33467 US LAKE WORTH, FL 33467	US		
r	O NOT WOITE IN THIS COA	· ^	01042008 No Chg-LLC CR2E083 (12/07)	
DO NOT WRITE IN THIS SPA		CE	4. FEI Number 20-0927701	Applied For Not Applicable
			5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current Registered Agent			
SINGER, MICHAEL S ESQ 3801 PGA BOULEVARD SUITE 604 PALM BEACH GARDENS, FL 33410		DO NOT WRITE IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of changing its registerions of registered agent.	ered office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept
SIGNATURE	Signature typed or printed name of registered agent and title if applicable (NOTE: Registe	red Agent signature required	when reinstating) D/	AIE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	· I		
TITLE	MGRM			
NAME STREET ADDRESS	RATTEY, KEVIN 9416 PALESTRO ST		Ucocconn	11:04
CITY-ST-ZIP	LAKE WORTH, FL 33467		)))UUUUUU na cara faa ka	'134 952-005 150.00
TITLE	MGRM	=	017 007 00, 000	130.JU
NAME	RATTEY, THERESA			
STREET ADDRESS	9416 PALESTRO ST			
CITY - ST - ZIP	LAKE WORTH, FL 33467			
TITLE				
NAME CIRCLI ADDRESS		I		•
STREET ADDRESS CITY-ST-ZIP		ł	DO NOT WRI	TE
TITLE				
111LE			IN THIS SPACE	注

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

> KEUIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561 4360304