

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90119 047 ****55.00

DOCUMENT # L03000032339

1. Entity Name
RB ASTRA, LLC



Principal Place of Business
**1010 WINDERLEY PLACE
VILLA #120
MAITLAND, FL 32751**

Mailing Address
**1010 WINDERLEY PLACE
VILLA #120
MAITLAND, FL 32751**

DO NOT WRITE IN THIS SPACE



01232005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAKER, RAMON D
1010 WINDERLEY PLACE
VILLA #120
MAITLAND, FL 32751**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**
NAME **BAKER, RAMON D**
STREET ADDRESS **1010 WINDERLEY PLACE VILLA #120**
CITY-ST-ZIP **MAITLAND, FL 32751**

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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: Ramon D. Baker **RAMON D. BAKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAN 24, 2005 (407) 310-8372
Date Daytime Phone #