


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90021 040 ****50.00

| | |
|---|---|
| DOCUMENT # L03000039969 1. Entity Name RB XXV, LLC |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 9240 SW 72ND STREET, SUITE 118 MIAMI, FL 33173 | Mailing Address 9240 SW 72ND STREET, SUITE 118 MIAMI, FL 33173 |
|--|--|

20001310



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-0301151 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--|

| |
|--|
| 6. Name and Address of Current Registered Agent BENITEZ, ROLANDO 9240 SW 72ND STREET, SUITE 100 MIAMI, FL 33173 |
|--|

| |
|---------------------------------------|
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
| DATE _____ |

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BENITEZ, ROLANDO 9240 SW 72ND STREET, SUITE 100 MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

| |
|---|
| 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:  | _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | _____ Date | _____ Daytime Phone # |
|---|---|---------------|--------------------------|