

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90027 005 ****50.00

20033272



04152006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000050241	
1. Entity Name RAINBOW APARTMENTS, LLC	



Principal Place of Business 866 NW 110TH AVENUE CORAL SPRINGS, FL 33071	Mailing Address 866 NW 110TH AVENUE CORAL SPRINGS, FL 33071
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2. Principal Place of Business 10622 Bamboo Rod Circle Suite, Apt. #, etc.	3. Mailing Address 10622 Bamboo Rod Circle Suite, Apt. #, etc.
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City & State Riverview, Florida Zip 33569 Country U.S.A	City & State Riverview, Florida Zip 33569 Country U.S.A
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6. Name and Address of Current Registered Agent MARAJ, SUREEN 866 NW 110TH AVENUE CORAL SPRINGS, FL 33071	
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7. Name and Address of New Registered Agent Name Sureen Maraj Street Address (P.O. Box Number is Not Acceptable) 10622 Bamboo Rod Circle City Riverview FL Zip Code 33569	
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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>X Sureen Maraj</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 4-10-06	
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Filing Fee is \$50.00 Due by May 1, 2006	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 MARAJ, SUREEN 866 NW 110TH AVENUE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. Sureen Maraj 10622 Bamboo Rod Circle Riverview, FL 33569 <input checked="" 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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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

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: <u>Sureen Maraj</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	4-15-06 Date	Daytime Phone #
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