

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013556

FILED
Aug 25, 2008
Secretary of State

Entity Name: RAC ENTERPRISES, L.L.C.

Current Principal Place of Business:

3489 OAK KNOLL POINT
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

3489 OAK KNOLL POINT
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 20-0762467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RAPIER, DAVID
3489 OAK KNOLL POINT
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAPIER, DAVID
Address: 3489 OAK KNOLL POINT
City-St-Zip: LAKE MARY, FL 32746

Title: MGRM () Delete
Name: MILLER, SANFORD
Address: 444 SEABREEZE BLVD SUITE 1002
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR () Delete
Name: BARRETT, CHARLES
Address: 2607 AMBERGATE ROAD
City-St-Zip: WINTER PARK, FL 32792

Title: MGR () Delete
Name: HOUSE, JEFFREY
Address: 4433 WINDERWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DRAPIER

MM

08/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date