

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018986

Entity Name: RHINE, LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

6240 STATE RT. 127 NORTH
ALTO PASS, IL 62905 US

New Principal Place of Business:

Current Mailing Address:

6240 STATE RT. 127 NORTH
ALTO PASS, IL 62905 US

New Mailing Address:

FEI Number: 20-0790310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: PRES () Delete
Name: RHINE, KENDALL L PRES
Address: 6240 STATE RT. 127 NORTH
City-St-Zip: ALTO PASS, IL 62905 US

Title: VP () Delete
Name: RHINE, ANTHONY L VP
Address: 1568 AUTUMN SAGE DRIVE
City-St-Zip: DACULA, GA 30019 US

Title: VP () Delete
Name: RHINE, KENDALL T VP
Address: 3622 TREYBYRNE CROSSING
City-St-Zip: DACULA, GA 30019 US

ADDITIONS/CHANGES:

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

Title: VP (X) Change () Addition
Name: RHINE, ANTHONY L VP
Address: 2586 GRAND CENTRAL PKWY UNIT # 5
City-St-Zip: ORLANDO, FL 32839 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KENDALL L. RHINE

MANA

04/12/2007

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