

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022728

Entity Name: RSB REALTY, LLC

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

C/O RICHARD DRATH
450 E. LAS OLAS BOULEVARD, SUITE 950
FORT LAUDERDALE, FL 33301

Current Mailing Address:

C/O RICHARD DRATH
450 E. LAS OLAS BOULEVARD, SUITE 950
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

C/O RICHARD DRATH
4201 NE 12 TERRACE
FORT LAUDERDALE, FL 33334

New Mailing Address:

C/O RICHARD DRATH
4201 NE 12 TERRACE
FORT LAUDERDALE, FL 33334

FEI Number: 20-0682934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELKIN, STEVEN C ESQ
C/O FRANK, WEINBERG & BLACK, P.L.
7805 S.W. 6TH COURT
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

DRATH, RICHARD
4201 NE 12 TERRACE
FT LAUDERDALE, FL 33334 US

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: RICHARD DRATH

04/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DRATH, RICHARD
Address: 450 E. LAS OLAS BOULEVARD, SUITE 950
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DRATH, RICHARD
Address: 4201 NE 12 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD DRATH

MGRM

04/29/2005

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