

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000031907

Entity Name: ROLLINS-RAEBURN, LLC

**FILED**  
**May 02, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

2784 SOUTH OCEAN BLVD., UNIT 103-N  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

2784 SOUTH OCEAN BLVD., UNIT 103-N  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 26-0093735      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:**

**Name and Address of New Registered Agent:**

ROLLINS, DAVID  
2784 SOUTH OCEAN BLVD., UNIT 103-N  
PALM BEACH, FL 33480      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: ROLLINS, DAVID  
Address: 2784 SOUTH CLEAN BOULEVARD SUITE 163N  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: ROLLINS, DAVID  
Address: 2784 SOUTH OCEAN BOULEVARD SUITE 103N  
City-St-Zip: PALM BEACH, FL 33480

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: DAVID ROLLINS

MGRM

05/02/2006

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