

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90034 011 ****50.00



DOCUMENT # L04000034698
 1. Entity Name
THE RAINMAKER, LLC

Principal Place of Business: **2363A WEST LAKE HALL ROAD TALLAHASSEE FL 32309 US**
 Mailing Address: **2363A WEST LAKE HALL ROAD TALLAHASSEE FL 32309 US**



2. Principal Place of Business: **2911 Thomasville Rd.**
 3. Mailing Address: **2911 Thomasville Rd**
 Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State: **Tall., FL.**
 City & State: **Tall., FL.**
 Zip: **32308** Country: **Leon**
 Zip: **32308** Country: **Leon**

4. FEI Number: **26-0085588**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CASWELL, BRAILEY
6632 REIGH COUNT TRAIL
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: **Brailey W. Caswell** owner DATE: **8-3-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM	<input type="checkbox"/> Delete
NAME: CASWELL, BRAILEY W	
STREET ADDRESS: 6632 REIGH COUNT TRAIL	
CITY - ST - ZIP: TALLAHASSEE FL 32309	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	

10. ADDITIONS/CHANGES

TITLE: MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Caswell, Brailey W.	
STREET ADDRESS: 2911 Thomasville Rd.	
CITY - ST - ZIP: Tall., FL. 32308	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	

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: **Brailey W. Caswell** **Brailey W. Caswell** DATE: **8-3-06** DAYTIME PHONE: **850-893-0364**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE