

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90084 027 ****50.00

DOCUMENT # L04000039755					
1. Entity Name RUBEN G. RAILING, LLC					
Principal Place of Business 5305 BISCAYNE BLVD 102 MIAMI, FL 33137 US			Mailing Address 5305 BISCAYNE BLVD 102 MIAMI, FL 33137 US		
2. Principal Place of Business 2757 SW 10 St. Suite, Apt. #, etc. # 2		3. Mailing Address 2757 SW 10 St. Suite, Apt. #, etc. # 2			
City & State MIAMI FL.		City & State MIAMI FL		4. FEI Number 07202006 Chg-LLC CR2E083 (11/05) 20-1176718	
Zip 33135		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, RUBEN 6933 WEST 36 AVENUE 102 HIALEAH, FL 33018			7. Name and Address of New Registered Agent Name: Ruben Gonzalez Street Address: 2757 SW 10 St. # 2 City: MIAMI FL Zip Code: 33137		
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: DATE: 7/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, RUBEN 5305 BISCAYNE BLVD. # 102 MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gonzalez, Ruben 2757 SW 10 St. #2, MIAMI, FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: DATE: 7/20/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					