

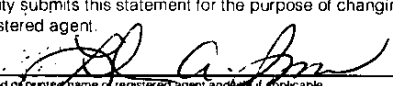
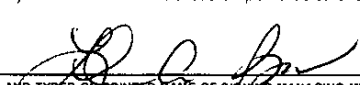


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90346 042 ****50.00

DOCUMENT # L04000048095 1. Entity Name RWB HOLDINGS, LLC					
Principal Place of Business 3800 26TH STREET WEST BRADENTON, FL 34205			Mailing Address 3800 26TH STREET WEST BRADENTON, FL 34205		
2. Principal Place of Business - No P.O. Box # 4011 26th Street West		3. Mailing Address 4011 26th Street West			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Bradenton, FL		City & State Bradenton, Fla.			
Zip 34205		Country USA		4. FEI Number 87-0728844	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		04112007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BRUCE, LINDA A 3800 26TH STREET WEST BRADENTON, FL 34205					
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 <u></u> DATE 4-11-07 <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRUCE, LINDA A 3800 26TH STREET WEST BRADENTON, FL 34205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Bruce, Linda A. 4011 26th Street West Bradenton, Florida 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4-11-07 Daytime Phone # 941-753-3949		