# 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT (AR)

**DOCUMENT # L04000076591**

1. Entity Name

**RAINMAKER, LLC**

| Principal Place of Business | Mailing Address |
|---|---|
| 301 N C STREET LAKE WORTH FL 33460 US | 301 N C STREET LAKE WORTH FL 33460 US |

1st MOORE    CR2E083 (10/04)
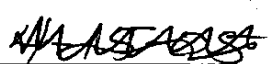
| 2. Principal Place of Business | 3. Mailing Address *P.O. Box # 1373* | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. *Lake Worth FL* | 4. FEI Number — Applied For / ☒ Not Applicable |
| City & State | City & State | |
| Zip / Country | Zip *33460* / Country *P.B.* | 5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 | 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 _____    _____

Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2005**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE **MGRM** NAME **CONLISK, KEITH B** STREET ADDRESS **301 N C STREET** CITY-ST-ZIP **LAKE WORTH FL 33460** | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Keith B Conlisk* Keith B. Conlisk  3-2-05  561 585-9916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #