

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000076591 1. Entity Name RAINMAKER, LLC	
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Principal Place of Business 301 N C STREET LAKE WORTH FL 33460 US	Mailing Address P.O. BOX 1373 LAKE WORTH FL 33460 US
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2. Principal Place of Business - No. P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 _____ DATE _____
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 May-1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE MGRM <input type="checkbox"/> Delete NAME CONLISK, KEITH B STREET ADDRESS 301 N C STREET CITY-ST-ZIP LAKE WORTH FL 33460	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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03/20/07-90918-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Keith B. Conlisk 2-1-07 361 585-9916

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