

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078615

FILED  
Jul 15, 2006  
Secretary of State

Entity Name: RABELLO & RUSTICE L.L.C.

**Current Principal Place of Business:**

6542 NW 103RD TER  
PARKLAND, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

6542 NW 103RD TER  
PARKLAND, FL 33076

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RUSTICE, GILBERTO  
6542 NW 103RD TER  
PARKLAND, FL 33076 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUSTICE, GILBERTO  
Address: 6542 NW 103RD TER  
City-St-Zip: PARKLAND, FL 33076

Title: MGR ( ) Delete  
Name: RABELLO, JOMAR P  
Address: 3560 W HILLSBORO BLVD #203  
City-St-Zip: COCONUT CREEK, FL 33073

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: RABELLO, JOMAR P  
Address: 5724 NW 125TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GILBERTO RUSTICE

MR

07/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date