


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000091807</b> 1. Entity Name RMBB ENTERPRISES OF LAKE COUNTY, LLC	
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Principal Place of Business 308 EAST FIFTH AVENUE MOUNT DORA, FL 23757	Mailing Address 308 EAST FIFTH AVENUE MOUNT DORA, FL 23757
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**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2064964	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, BRUCE G  
308 EAST FIFTH AVENUE  
MOUNT DORA, FL 23757

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee Is \$50.00  
Due by May 1, 2007**

U00000602808  
01/26/07-80102-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNCAN, BRUCE G 308 EAST FIFTH AVENUE MOUNT DORA, FL 23757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SICHKO, CHARLES R 33623 STETSON LANE LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SICHKO, MERRI LENIER 33623 STETSON LANE LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BATTILLO, WILLIAM 816 CLAYTON STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLEAFORD, MICHAEL 2218 DOGWOOD CIRCLE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Bruce G. Duncan **1-12-07** **352.383.4186**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #