
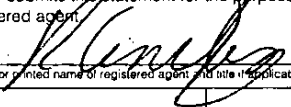
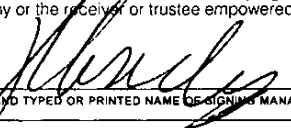


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90038 030 ****50.00

DOCUMENT # L04000092776 1. Entity Name RACHELLE GINSBERG, LLC					
Principal Place of Business 6721 SW 69TH TERRACE MIAMI, FL 33143 US			Mailing Address 6721 SW 69TH TERRACE MIAMI, FL 33143 US		
2. Principal Place of Business - No P.O. Box # 90 Alton Road		3. Mailing Address 90 Alton Road			
Suite, Apt. #, etc. #602		Suite, Apt. #, etc. #602			
City & State Miami Beach, FL		City & State Miami Beach, FL			
Zip 33139		Zip 33139		Country 	
4. FEI Number APPLIED FOR 20-2040690					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent GINSBERG, RACHELLE 6721 SW 69TH TERRACE MIAMI, FL 33143			7. Name and Address of New Registered Agent Name Ginsberg, Rachelle Street Address (P.O. Box Number is Not Acceptable) 90 Alton Road, #602 City Miami Beach FL Zip Code 33139		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM GINSBERG, RACHELLE 6721 SW 69TH TERRACE MIAMI, FL 33143	<input type="checkbox"/> Delete <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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					