

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010783

Entity Name: RAP BROKERS, LLC

FILED  
Jul 11, 2006  
Secretary of State

## Current Principal Place of Business:

9233 S.W. 8TH STREET #110  
BOCA RATON, FL 33428

## New Principal Place of Business:

6103 PAPAYA DRIVE  
FORT PIERCE, FL 34982

## Current Mailing Address:

9233 S.W. 8TH STREET #110  
BOCA RATON, FL 33428

## New Mailing Address:

6103 PAPAYA DRIVE  
FORT PIERCE, FL 34982

FEI Number: 20-2295458      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

POPE, ROBERT ANTHONY  
9233 S.W. 8TH STREET #110  
BOCA RATON, FL 33428      US

## Name and Address of New Registered Agent:

POPE, ROBERT ANTHONY  
6103 PAPAYA DRIVE  
FORT PIERCE, FL 34982      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: ROBERT ANTHONY POPE

07/11/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition  
Name: POPE, ROBERT ANTHONY  
Address: 6103 PAPAYA DRIVE  
City-St-Zip: FORT PIERCE, FL 34982 US

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: ROBERT ANTHONY POPE

MR.

07/11/2006

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