2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000011001

1. Entity Name RICHALBENTOM INVESTMENTS LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3351 NW BOCA RATON BOULEVARD BOCA RATON, FL 33431 3351 NW BOCA RATON BOULEVARD BOCA RATON, FL 33431



04122007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI Number Applied For 20-2275304 Not Applicable

5. Certificate of Status Desired \$5.00 Additional

6. Name and Address of Current Registered Agent

LIBOW & SHAHEEN, LLP 3351 NW BOCA RATON BOULEVARD BOC A RATON, FL 33431

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IN	THIS	SPACE

8. The above named entity submits this statement for the purpose	of changing its registered office o	r registered agent, or both, in th	e State of Florida. I am familiar with, and acc	ept
the obligations of registered agent	11 11		111107	
TIME CONTRACTOR	NOT CHAYGING 5	iat agati	412101	

SIGNATURE

Signature, typed or printed name of registered agent and little it applicable

(NOTE: Registered Agent signature required when rewistating)

1 - 1 -

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
THTLE	MGR
NAME	LIBOW, ALLEN H
STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	WALDSHAN, BENJAMIN
STREET ADDRESS	3651 FAU BOULEVARD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	MGR
NAME	RICH, MICHAEL
STREET ADDRESS	3550 NORTH CENTRAL AVENUE, SUITE 1750
CITY-ST-ZIP	PHOENIX, AZ 85012
TITLE	MGR
NAME	BURKE, THOMAS
STREET ADDRESS	3550 NORTH CENTRAL AVENUE, SUITE 1750
CITY-ST-ZIP	PHOENIX, AZ 85012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
FITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000743559 05/15/07-80113-018 50.00

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11. I hereby certify that the information supplied with this filling 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: Tubolinia MIGHAEL O MICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/27

602/2224848

Date

Daytime Phone #