2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Aug 14, 2006 8:00 am
Secretary of State

07-25-2006 90086 011 ****50.00

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07122006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
RB FLORIDA DEVELOPMENT LLC

Principal Place of Business	Mailing Address
C/O RD MANAGEMENT LLC 810 SEVENTH AVENUE, 28TH FLOOR NEW YORK, NY 10019	C/O RD MANAGEMENT LLC 810 SEVENTH AVENUE, 28TH FLOOR NEW YORK, NY 10019
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-2427147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGRAN, MARJORIE 15 BERMUDA LAKE DRIVE PALM BEACH GARDENS, FL 33418	Name: MARJORIE AGRAN Street Address (P.O. Box Number is Not Acceptable): 119 B PALM POINT CIRCLE City: PALM BEACH GARDEN FL Zip Code 33418

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 September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRDOFF, RICHARD J 810 SEVENTH AVE., 28TH FLOOR NEW YORK, NY 10019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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] 7/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #