## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026313 RB FLORIDA DEVELOPMENT LLC

Principal Place of Business

C/O RD MANAGEMENT LLC 810 SEVENTH AVENUE, 28TH FLOOR NEW YORK, NY 10019

Mailing Address

C/O RD MANAGEMENT LLC 810 SEVENTH AVENUE, 28TH FLOOR NEW YORK, NY 10019

## **FILED** Feb 19, 2007 08:00 AM Secretary of State



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01172007 No Chg-LLC	CR2E083 (11/05)		
I. FEI Number		Applied For	
20-2427147		Not Applicable	

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGRAN, MARJORIE 119 B PALM POINT CIRCLE PALM BEACH GARDENS, FL 33418

STREET ADDRESS CITY-ST-ZiP

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the purpose of changi ions of registered agent.	ing its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRDOFF, RICHARD J 810 SEVENTH AVE., 28TH FLOOR NEW YORK, NY 10019		U00000641030 02/28/07-80088-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		U2/28/07-80088-023 50.00
NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME			

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:	1/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Dale	Daytime Phone #	