

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028967

Entity Name: RHINEHART ROAD PARTNERS, LLC

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

1951 N.W. 19TH ST, STE 200
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:
1951 N.W. 19TH ST, STE 200
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-2555674 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PACHMAN, MARK A
1645 PALM BEACH LAKES BLVD, STE 1200
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MBR () Change (X) Addition
Name: FALCON LAND & DEVELOPMEN LLC
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MBR () Change (X) Addition
Name: EVASIU, JOHN
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MBR () Change (X) Addition
Name: RABINOWITZ, EVAN
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MBR () Change (X) Addition
Name: ANTENUCCI, ALBO
Address: 1951 NW 19TH STREET SUITE 200
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR FALCONE

MGR

04/26/2006

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