

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90012 008 ****50.00

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|--|----------------------------|--|--|---|--|-------------|----------------|
| DOCUMENT # L05000030988 1. Entity Name RAINBOW BAY PARTNERS,LLC | | | | | | | |
| Principal Place of Business 275 W. MAIN STREET LAKE BUTLER, FL 32054 US | | | Mailing Address 275 W. MAIN STREET LAKE BUTLER, FL 32054 US | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | 03222006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-2591148 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table> | | Applied For | Not Applicable |
| Applied For | | | | | | | |
| Not Applicable | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| FORTNER, CHRISTOPHER 275 W. MAIN STREET LAKE BUTLER, FL 32054 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | FORTNER, CHRISTOPHER | | NAME | | | | |
| STREET ADDRESS | 275 W. MAIN STREET | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LAKE BUTLER, FL 32054 | | CITY-ST-ZIP | | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | RUSSELL, TIMOTHY | | NAME | | | | |
| STREET ADDRESS | 153 SW LONG LEAF DRIVE | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LAKE CITY, FL 32024 | | CITY-ST-ZIP | | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | CARLTON, PAUL | | NAME | | | | |
| STREET ADDRESS | 275 W. MAIN STREET | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | LAKE BUTLER, FL 32054 | | CITY-ST-ZIP | | | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | REDDISH, DOUG E | | NAME | | | | |
| STREET ADDRESS | 6775 CRYSTAL LAKE ROAD | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | KEYSTONE HEIGHTS, FL 32656 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| 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: | | | 3.27.06 | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | | | |