2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# L05000032266

Entity Name: RBW ENTERPRISES, LLC

Current Principal Place of Business:

2550 NW 13TH AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2550 NW 13TH AVE.
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 81-0668009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEATHERS, JOANNA W
2550 NW 13TH AVE
GAINESVILLE, FL 32605 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: MGRM ( ) Delete
Name: LEATHERS, JOANNA W
Address: 2550 NW 13TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete
Name: WANZENBERG, CHRISTOPHER B
Address: 2550 NW 13TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete
Name: WANZENBERG, MATTHEW C
Address: 1039 GARNER AVE.
City-St-Zip: WHEATON, IL 60187

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEATHERS, JOANNA W
Address: 2550 NW 13TH AVE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOANNA W LEATHERS MGRM 04/25/2007

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