


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90023 029 ****55.00

DOCUMENT # L05000043566	
1. Entity Name RIMMAF, LLC	

Principal Place of Business 7619 HIDDEN CYPRESS DRIVE ORLANDO FL 32822 US	Mailing Address 7619 HIDDEN CYPRESS DRIVE ORLANDO FL 32822 US
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2. Principal Place of Business Suite, Apt. #, etc. 7619 Hidden Cypress dr City & State Orlando, FL Zip 32822 Country USA	3. Mailing Address Suite, Apt. #, etc. 7619 Hidden Cypress dr City & State Orlando, FL 32822 Zip 32822 Country USA
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1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent FEDOROVA, RIMMA 7619 HIDDEN CYPRESS DRIVE ORLANDO FL 32822	
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4. FEI Number 20-2779363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent Name Fedorova, Rimma Street Address (P.O. Box Number is Not Acceptable) 7619 Hidden Cypress dr. City Orlando FL Zip Code 32822	
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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 <u><i>Rimma F.</i></u> DATE <u>04.24.06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating)</small>	
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006	
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEDOROVA, RIMMA 7619 HIDDEN CYPRESS DRIVE ORLANDO FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Rimma F. Rimma Fedorova</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE: <u>04.24.06</u> (407) 929-9406 <small>Date Daytime Phone #</small>