

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-02-2006 90025 034 ****50.00

DOCUMENT # L05000054461					
1. Entity Name RBY, LLC					
Principal Place of Business 13035 TAMAMI TRAIL, UNIT A NORTH PORT, FL 34287			Mailing Address 13035 TAMAMI TRAIL, UNIT A NORTH PORT, FL 34287		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
04112006 Chg-LLC				CR2E083 (11/05)	
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		
CASWELL, CHRIS 240 S. PINEAPPLE AVENUE, SUITE 802 SARASOTA, FL 34236			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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)					
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER WAYNE R. BOONE <input type="checkbox"/> Delete 13035 TAMAMI TR. UNIT A NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	If managing member <input type="checkbox"/> Change <input type="checkbox"/> Addition can't be used - use president	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LINDA J. ROSS <input type="checkbox"/> Delete 1290 Redstart Rd. Venice, FL 34293		TITLE NAME STREET ADDRESS CITY-ST-ZIP	If member can't be used <input type="checkbox"/> Change <input type="checkbox"/> Addition use vice president	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER PAUL A. YODER <input type="checkbox"/> Delete 13035 TAMAMI TR. UNIT A NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	If member can't be used <input type="checkbox"/> Change <input type="checkbox"/> Addition use treasurer	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 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: LINDA J. ROSS 4/24/06 941-423-5311					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					