


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000054926</b> 1. Entity Name RAINBOW PROPERTIES OF SUWANNEE COUNTY, LLC	
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Principal Place of Business 123 EAST HOWARD STREET LIVE OAK, FL 32060 US	Mailing Address 123 EAST HOWARD STREET LIVE OAK, FL 32060 US
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01032007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2946449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  POOLE, RONALD D 123 EAST HOWARD STREET LIVE OAK, FL 32060
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POOLE, RONALD D 123 EAST HOWARD STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POOLE, RENEE P 123 EAST HOWARD STREET LIVE OAK, FL 32060
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01/09/07-80036-008 50.00

**DO NOT WRITE  
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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:** *Renee P. Poole* 1-4-07 386 362 4539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #