


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90269 012 ***138.75

DOCUMENT # L05000054926	
1. Entity Name RAINBOW PROPERTIES OF SUWANNEE COUNTY, LLC	

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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2. Principal Place of Business - No P.O. Box # 127 E. Howard St.	3. Mailing Address 127 E. Howard St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Live Oak, FL	City & State Live Oak, FL
Zip 32064	Zip 32064
Country USA	Country USA

60018363



03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2946449	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent POOLE, RONALD D 123 EAST HOWARD STREET LIVE OAK, FL 32060	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POOLE, RONALD D 123 EAST HOWARD STREET LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Poole, Ronald D 127 E. Howard St Live Oak, FL 32064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POOLE, RENEE P 123 EAST HOWARD STREET LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Poole, Renee P 127 E. Howard St. Live Oak, FL 32064 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>R. Poole</u>	Date: <u>3/28/07</u>	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		