2006 LIMITED LIABILITY COMPANY

FILED Apr 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000074237 1. Entity Name 04-05-2006 90021 008 ****50.00 RAINBOW REALTY SERVICES LLC Principal Place of Business Mailing Address 2800 VALLEY FORGE ST 2800 VALLEY FORGE ST SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TENNEY, TED Street Address (P.O. Box Number is Not Acceptable): 2800 VALLEY-FORGE ST SARASOTA, FL 34231 City 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 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 Make check payable to Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME TENNEY, TED NAME STREET ADDRESS 2800 VALLEY FORGE ST STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITI F Delete TiTLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TET! F ☐ Charroe Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 trusten empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE