

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078526

Entity Name: RB INDUSTRIES, LLC

**FILED**  
**Feb 22, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

308 SOUTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

308 SOUTH HARBOR CITY BOULEVARD  
SUITE A  
MELBOURNE, FL 32901

**Current Mailing Address:**

308 SOUTH HARBOR CITY BOULEVARD  
MELBOURNE, FL 32901

**New Mailing Address:**

308 SOUTH HARBOR CITY BOULEVARD  
SUITE A  
MELBOURNE, FL 32901

FEI Number: 20-3346272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOULE, REX E  
440 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

MOULE, REX E ESQ.  
440 SOUTH BABCOCK STREET  
MELBOURNE, FL 32901 US

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.

SIGNATURE: REX E. MOULE

02/22/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DOWDELL, BRIAN C  
Address: 10370 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DOWDELL, BRIAN C  
Address: 308 SOUTH HARBOR CITY BLVD., SUITE A  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN C DOWDELL

MGRM

02/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date