

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083252

Entity Name: RUMO, LLC

FILED  
Feb 10, 2006  
Secretary of State

**Current Principal Place of Business:**

3900 GALT OCEAN DRIVE #1612  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3900 GALT OCEAN DRIVE #1612  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 13-4305565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOGAVERO, ALFRED J  
3900 GALT OCEAN DRIVE #1612  
FT. LAUDERDALE, FL 33308 US

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

MOGAVERO, ALFRED J  
3900 GALT OCEAN DRIVE  
1612  
FT. LAUDERDALE, FL 33308 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: ALFRED J MOGAVERO

02/10/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOGAVERO, ALFRED J  
Address: 3900 GALT OCEAN DRIVE #1612  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM ( ) Delete  
Name: RUBIN, SCOTT  
Address: 989 HARBORVIEW NORTH  
City-St-Zip: HARBOR ISLANDS, FL 33019

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALFRED J. MOGAVERO

MGR

02/10/2006

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