

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089663

Entity Name: RB WEST COMPANY, LLC

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

891 CHAPPELLE DR.
THE VILLAGES, FL 32162 US

New Principal Place of Business:

Current Mailing Address:

891 CHAPPELLE DR.
THE VILLAGES, FL 32162 US

New Mailing Address:

FEI Number: 20-3440684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, BARBARA F
891 CHAPPELLE DR.
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEST, BARBARA F
Address: 4211 REDONDA LANE
City-St-Zip: NAPLES, FL 34119 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEST, BARBARA F
Address: 891 CHAPPELLE DR
City-St-Zip: THE VILLAGES, FL 32162 US

Title: MGRM () Change (X) Addition
Name: WEST, RICHARD J
Address: 891 CHAPPELLE DR
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA F. WEST

MGRM

01/06/2007

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