

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 9:02

DOCUMENT # L05000104731

1. Entity Name
RATIONAL EXUBERANCE, LLC



Principal Place of Business
1819 MAIN STREET
SUITE 201
SARASOTA, FL 34236 US

Mailing Address
1819 MAIN STREET
SUITE 201
SARASOTA, FL 34236

2. Principal Place of Business
2117 SIESTA DR
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1284
Suite, Apt. #, etc.



07052006 Chg-LLC CR2E083 (11/05)

City & State
SARASOTA, FL
Zip
34234 Country

City & State
SARASOTA, FL
Zip
34230 Country

4. FEI Number
20-3745212
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, BARBARA B
2364 FRUITVILLE ROAD
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name
STEVEN DAHLQUIST
Street Address (P.O. Box Number is Not Acceptable)
900 TENNESSEE LAKE
City
SARASOTA FL Zip Code
34234

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 STEVEN N. DAHLQUIST DATE 11/5/06

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DAHLQUIST, STEVEN
STREET ADDRESS 1819 MAIN STREET, SUITE 201
CITY-ST-ZIP SARASOTA, F 34236 ☐ Delete

TITLE MGRM
NAME CLARK, ROBERT F JR.
STREET ADDRESS 2585 SUNNYSIDE STREET
CITY-ST-ZIP SARASOTA, FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400082829944
12/28/06--01043--012 **100.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/5/06 941.366.7499
Date Daytime Phone #