
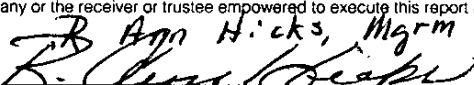


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90037 044 ****50.00

DOCUMENT # L05000112059 1. Entity Name RAH ADVERTISING LLC					
Principal Place of Business 6224 LAKE TAHOE DRIVE JACKSONVILLE, FL 32256			Mailing Address 6224 LAKE TAHOE DRIVE JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box # 6635 Highway Ave <small>Suite, Apt. #, etc</small>		3. Mailing Address 6635 Highway Ave <small>Suite, Apt. #, etc</small>			
City & State Jacksonville FL <small>Zip</small> 32254 <small>Country</small> USA		City & State Jacksonville FL <small>Zip</small> 32254 <small>Country</small> USA		4. FEI Number 20-3815032	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SEARS, CHARLES A 3616 EMERSON ST JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, RUTH A 6224 LAKE TAHOE DRIVE JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: R. Ann Hicks, Mgrm 			Date 3/28/07 Daytime Phone # (904) 354-7004		