2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # L05000113504 1. Entity Name RAINBOW 21, LLC					03-13-2006 90352 002 ****55.00				
Principal Plac	on of Rusinose	Mailing Address			†	4 U	NETU	IJIJ	
Principal Place of Business 2627 S.W. 29 AVENUE		-					•	•	
MIAMI, FL 33133		2627 S.W. 29 AVENUE MIAMI, FL 33133							
INITUNII, IL J	3133	MIMMI, IL 33133							
2. Principal Place of Business		3. Mailing Address							
Suito Apt # oto		Suito Apt # oto		4					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006	Chg-LLC	CR2E	083 (11/05)		
City & Stat	6	City & State			4. FEI Numbe	ar .		Ār	plied For
J., 4 3.5.3		5.7, 2 5.2.0		20-	377/16	0		t Applicable	
Zip	Country	Zip	Countr	ry	1	of Status Desired	~	\$5.00 Add	
			<u> </u>			· · · · · · · · · · · · · · · · · · ·		Fee Require	d
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New F	Registered	Agent	
SIGLER A	ANGELICA M		ŀ	Name					
	29 AVENUE	Street Address		(P.O. Box Numbe	(P.O. Box Number is Not Acceptable)				
MIAMI, FL			-						
			Γ	City		***************************************	FL	Zip Cod	e
8. The above	named entity submits this statement fo	r the nurpose of changing its	renistere	d office or registe	red agent or bot	h in the State of Fil			and annon!
the obligat	tions of registered agent.	the perpede of changing its	rogiolore	d office of registe	and agoni, or box	ii, iii tile otate or r	onda. Fam	ianima with	and accept
SIGNATURE .									
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature require	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006				P .					
Fi D	iling Fee is \$50.00 ue by May 1, 2006							payable to nent of State	e
D	ue by May 1, 2006					Florid	a Departn	nent of State	e
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9. TITLE	ue by May 1, 2006 MANAGING MEMBE MGR	RS/MANAGERS	TITLE			Florid	a Departn	nent of State	e ☐ Addilion
9. TITLE NAME	MANAGING MEMBE MGR SIGLER, ANGELICA		TITLE NAME	l l		Florid	a Departn	nent of State	
9. TITLE	MANAGING MEMBE MGR SIGLER, ANGELICA 2627 S.W. 29 AVENUE		TITLE NAME	T ADDRESS		Florid	a Departn	nent of State	
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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 truster employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

/10/06 305-332-2793