2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L05000113504 1. Entity Name **RAINBOW 21, LLC** Principal Place of Business Mailing Address 2627 S.W. 29 AVENUE

FILED Feb 05, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

2627 S.W. 29 AVENUE

MIAMI, FL 33133

CR2E083 (11/05) 01312007 No Chg-LLC

4. FEI Number		Applied For	
20-3771160		Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent

SIGLER, ANGELICA M 2627 S.W. 29 AVENUE MIAMI, FL 33133

MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

and the state of t

	ve named entity subfinds the satement for the purpose of cha lations of egisted agent	anging its registered office or registered	agent, or both, in the Sta	te of Florida. I am familiar wi	h, and accept
	ofignature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required who	en reinstating)	DATE	
	Filing Fee is \$50.00 Due by May 1, 2007	·			
9.	MANAGING MEMBERS/MANAGERS				
TITLE	MGR		* * * * * * * * * * * * * * * * * * * *		
NAME	SIGLER, ANGELICA	ANGELICA U00000621436			
	.			AND	

9,	MANAGING MEMBERS/MANAGERS	and the second of the second o
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIGLER, ANGELICA 2627 S.W. 29 AVENUE MIAMI, FL 33133	000000621436 02/12/07-80016-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CARROLL OF THIS SPACE AND
TITLE NAME STREET ADDRESS CITY-ST-ZIP		egy egy men en en en egy egy en
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s

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

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE