
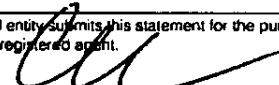
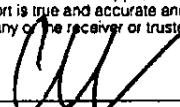


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

05-08-2006 90039 002 ****50.00

DOCUMENT # L06000000014			
1. Entity Name RB GEMBA, LLC			
Principal Place of Business 701 U.S. HWY ONE, STE. 402 NORTH PALM BCH, FL 33408		Mailing Address 701 U.S. HWY ONE, STE. 402 NORTH PALM BCH, FL 33408	
2. Principal Place of Business 450 E Las Olas Blvd Suite, Apt. #, etc. Suite 1500 City & State Fort Lauderdale FL Zip 33301		3. Mailing Address 450 E Las Olas Blvd Suite, Apt. #, etc. Suite 1500 City & State Fort Lauderdale FL Zip 33301	
4. FEI Number 20-5041440		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04252006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SMITH, LAWRENCE W 701 U.S. HWY ONE, STE. 402 NORTH PALM BCH, FL 33408		7. Name and Address of New Registered Agent Name Huizenga Holdings, Inc Street Address (P.O. Box Number is Not Acceptable) 450 E Las Olas Blvd, # 1500 City Fort Lauderdale FL Zip Code 33301	
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  DATE 4/26/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when amending)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STALUPPI, JOHN 701 U.S. HWY ONE, STE. 402 NORTH PALM BCH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wayco Holdings, Inc 450 E Las Olas Blvd, #1500 Fort Lauderdale, FL 33301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSATTI, JOHN 701 U.S. HWY ONE, STE. 402 NORTH PALM BCH, FL 33408 <input checked="" 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
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:  DATE 4/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			