

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028470

FILED
Apr 26, 2007
Secretary of State

Entity Name: RAB, LLC

Current Principal Place of Business:

P.O. BOX 530012
MIAMI, FL 331530012

New Principal Place of Business:

10518 NE 3RD AVE
MIAMI SHORES, FL 33138

Current Mailing Address:

P.O. BOX 530012
MIAMI, FL 331530012

New Mailing Address:

FEI Number: 20-4523741

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

BENNETT, TONY P
10518 NE 3RD AVE
MIAMI SHORES, FL 33138 US

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.

SIGNATURE: N.TONY BENNETT

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENNETT, N. TONY
Address: P.O. BOX 530012
City-St-Zip: MIAMI, FL 331530012

Title: MGRM () Delete
Name: BENNETT, RONI A
Address: P.O. BOX 530012
City-St-Zip: MIAMI, FL 331530012

ADDITIONS/CHANGES:

Title: DP (X) Change () Addition
Name: BENNETT, N. TONY
Address: P.O. BOX 530012
City-St-Zip: MIAMI, FL 331530012

Title: DST (X) Change () Addition
Name: BENNETT, RONI A
Address: P.O. BOX 530012
City-St-Zip: MIAMI, FL 331530012

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: N. TONY BENNETT

DP

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date