## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000032240

1. Entity Name

RANKEY ENTERPRISES, LLC

FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

UM-RSMAS 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149 Mailing Address

UM-RSMAS 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149



04132008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number			Applied For
	20-4591031			Not Applicable
5.	Certificate of Status	Desired	\$5.0 Fee R	Additional

Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and little if applicable

DO NOT WRITE IN THIS SPACE

RANKEY, EUGENE UM-RSMAS 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149 DO NOT WRITE IN THIS SPACE

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.
Q1/	ONATI IDE

(NOTE Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000925638 05/20/08-80034-014 138.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RANKEY, EUGENE UM-RSMAS, 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the e					

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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.

MEMBER/MANAGER + 4-16-08

- 305-215-4618

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

Dayl