

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038254

FILED
Apr 07, 2009
Secretary of State

Entity Name: RPB PROPERTIES GAINESVILLE LLC

Current Principal Place of Business:

7861 SW ELLIPSE WAY
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 881473
PORT ST LUCIE, FL 34988 US

New Mailing Address:

7861 SW ELLIPSE WAY
STUART, FL 34997 US

FEI Number: 20-4798300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, RAPHAEL
800 N.W. PEACOCK BLVD.
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

BLOOM, RAPHAEL
7857 SW ELLIPSE WAY
STUART, FL 34997 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:

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLOOM, RAPHAEL
Address: 800 NW PEACOCK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: MGR () Delete
Name: BLOOM, PATRICIA M
Address: 800 NW PEACOCK BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BLOOM, RAPHAEL
Address: 7857 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997 US

Title: MGR (X) Change () Addition
Name: BLOOM, PATRICIA M
Address: 7857 SW ELLIPSE WAY
City-St-Zip: STUART, FL 34997 US

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: PATRICIA BLOOM

MGR

04/07/2009

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