
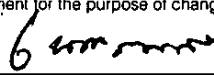
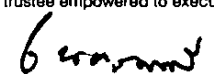


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90354 038 \*\*\*\*50.00

<b>DOCUMENT # L06000042639</b> 1. Entity Name <b>RATTANA GROUP, LLC</b>					
Principal Place of Business <b>1151 NORTH FORT LAUDERDALE BEACH BLVD. #17B FORT LAUDERDALE, FL 33304</b>			Mailing Address <b>1151 NORTH FORT LAUDERDALE BEACH BLVD. #17B FORT LAUDERDALE, FL 33304</b>		
2. Principal Place of Business - No P.O. Box # <b>2554 NE 9th Avenue</b>		3. Mailing Address <b>2554 NE 9th Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Wilton Manors, FL</b>		City & State <b>Wilton Manors, FL</b>		4. FEI Number <b>20-8288600</b>	
Zip <b>33305</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICHARD C. KOSKEY, P.A. 3511 W. COMMERCIAL BLVD. #302 FORT LAUDERDALE, FL 33309</b>		7. Name and Address of New Registered Agent Name <b>Netmanee Rattanasungnern</b> Street Address (P.O. Box Number is Not Acceptable) <b>2554 NE 9th Avenue</b>  City <b>Wilton Manors</b> <b>FL</b> Zip Code <b>33305</b>			
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 <b>4/25/07</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RATTANASUNGNERN, NETMANEE 1151 N. FORT LAUDERDALE BEACH BLVD., #17B FORT LAUDERDALE, FL 33304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Rattanasungnern, Netmanee 2554 NE 9th Avenue Wilton Manors, FL 33305</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 			Netmanee Rattanasungnern 4/25/07 (954)651-4455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		