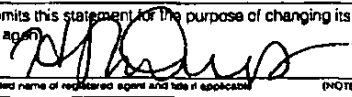
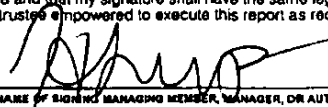


FILED
Jul 03, 2007 8:00 am
Secretary of State

05-18-2007 90220 015 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000065430			
1. Entity Name RBM, LLC			
Principal Place of Business 2623 SOUTH SEACREST BOULEVARD SUITE 210 BOYNTON BEACH, FL 33435 US		Mailing Address 2623 SOUTH SEACREST BOULEVARD SUITE 210 BOYNTON BEACH, FL 33435 US	
2. Principal Place of Business - No P.O. Box # 4075 Arthurumave Suite, Apt. #, etc. LA		3. Mailing Address 4075 Arthurumave Suite, Apt. #, etc. Lantana	
City & State Lantana FL		City & State Lantana FL	
Zip 33462		Country USA	
4. FEI Number 030598230		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STARKMAN, HOPE 2623 SOUTH SEACREST BOULEVARD SUITE 210 BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, typed or printed name of registered agent and title if applicable		DATE 4/29/07 (NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM STARKMAN, HOPE 2623 SOUTH SEACREST BOULEVARD, SUITE 210 BOYNTON BEACH, FL 33435		MGRM STARKMAN HOPE 4075 Arthurumave Lantana FL 33462	
Delete		Change Addition	
Delete		Change Addition	
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Delete		Change Addition	
Delete		Change Addition	
Delete		Change 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE 4/29/07 Date	