


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90363 022 *****50.00

| | |
|---|---|
| DOCUMENT # L06000072555 |  |
| 1. Entity Name RHINO CONTRACTING GROUP, LLC | |

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|---|---|
| Principal Place of Business 211 COLORADO AVE STE 5 STUART FL 34994 | Mailing Address 211 COLORADO AVE STE 5 STUART FL 34994 |
|---|---|



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|---|---------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

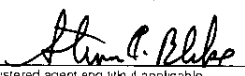
1st MOORE CR2E083 (10/06)

| | |
|-------------------------|-------------------------|
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|---|
| 4. FEI Number 02-0784473 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

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|--|--|
| 6. Name and Address of Current Registered Agent MADDEN, JOHN W ESQ 789 SOUTH FEDERAL HIGHWAY STE 308 STUART FL 34994 | 7. Name and Address of New Registered Agent Name Steven P. Blake Street Address (P.O. Box Number is Not Acceptable) 2542 Guilwood Drive City New Port Richey FL Zip Code 34655-4808 |
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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** 4/23/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BENTLEY, CHARLES A 211 COLORADO AVE STE 5 STUART FL 34994 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOROVINA, STEPHEN JOSEPH A SR 211 COLORADO AVE STE 5 STUART FL 34994 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOROVINA, STEPHEN JOSEPH A JR 211 COLORADO AVE STE 5 STUART FL 34994 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 Section 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 Daytime Phone #

4/27/07