


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90040 041 \*\*\*\*50.00

<b>DOCUMENT # L06000090375</b> 1. Entity Name <b>R N H B LLC</b>					
Principal Place of Business <b>748 ALCAZAR AVE. COCOA FL 32927</b>				Mailing Address <b>P.O. BOX 10026 COCOA FL 32927</b>	
2. Principal Place of Business - No P.O. Box # <b>748 Alcazar Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 10026</b> Suite, Apt. #, etc.			
City & State <b>Cocoa</b>		City & State <b>Cocoa, Florida</b>		4. FEI Number <b>015-30-0086</b>	
Zip <b>32927</b>		Country <b>U.S.A</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>SCIACCA, MARC 635 JANICE COURT MERRITT ISLAND FL 32927</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 5, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE <b>MGR SCIACCA.</b>	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>SCIACCA, ANTHONY JR</b>			NAME 		
STREET ADDRESS <b>748 ALCAZAR AVE.</b>			STREET ADDRESS 		
CITY-ST-ZIP <b>COCOA FL 32927</b>			CITY-ST-ZIP 		
TITLE <b>MGR</b>	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>THORPE, CATHERINE</b>			NAME 		
STREET ADDRESS <b>748 ALCAZAR AVE.</b>			STREET ADDRESS 		
CITY-ST-ZIP <b>COCOA FL 32927</b>			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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.					
<b>SIGNATURE:</b> <i>Anthony Sciacca Jr Mgr</i> <b>5/28/07</b> <b>321-636-9898</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					