2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000101420

1. Entity Name

RAINBOW ROAD NORTH, LLC



FILED Apr 14, 2008 08:00 Al Secretary of State

Principal Place of Business

5673 S.W. 142 AVENUE MIAMI, FL 33183 Mailing Address

5673 S.W. 142 AVENUE MIAMI, FL 33183



DO NOT WRITE IN THIS SPACE

03062008 No Chg-LLC CR2E083 (12/07)

4.	FEI Number			Applied For
	16-1776901			Not Applicable
5.	Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GARCIA, CARLOS C/O LAW OFFICES OF CARLOS GARCIA, P.A. 1101 BRICKELL AVE., SUITE 1801 MIAMI, FL 33131

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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.								
SIGNATI	JRE	(NOTE: Registered Agent signature required when reinstating)	DATE					
	FILE NOWIII FEE IS \$138.75 May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS							
. y.		· · · · · · · · · · · · · · · · · · ·						
TITLE	MGRM							
NAME OF	ALVADEZ HUMBERTO							

LVAREZ, HUMBERTO STREET ADDRESS 5673 S.W. 142 AVENUE CITY-ST-ZIP MIAMI, FL 33183 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000895061 04/24/08-80022-026 138.75

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11. I hereby certify that the information supplied with this time doe 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 true 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 smpowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/11/08

786-256-096

Daytime Phone #