2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000101421

1. Entity Name

RAINBOW ROAD SOUTH, LLC



Mailing Address

Principal Place of Business 5673 S.W. 142 AVENUE MIAMI, FL 33183

5673 S.W. 142 AVENUE MIAMI, FL 33183 FILED Apr 11, 2008 08:00 All Secretary of State



03062008 No Chg-LLC

CR2E083 (12/07)

4	FEI Number	 · · · · · · · · · · · · · · · · · · ·	Applied For
	16-1776902		Not Applicable
5.	Certificate of Status Desired	\$5.00	O Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARCIA, CARLOS C/O LAW OFFICES OF CARLOS GARCIA, P.A. 1101 BRICKELL AVE., SUITE 1802 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered offic	e or registered agent, or both, in th	e State of Florida. 1 am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent s	ignature required when renstating)	DATE	
FILE After May	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	<u> </u>		1000000831497 723708-80027-025	138.75
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALVAREZ, HUMBERTO 5673 S.W. 142 AVENUE MIAMI, FL 33183			•	<u>\(\frac{1}{2} \) \(\frac{1}{2} \)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	OT WRITE	'.
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN TH	S SPACE	
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling dose not available to exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my eignature shall be a 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 ergowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/11/08

786-356-0912

Daytime Phone #