


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90115 007 \*\*\*138.75

<b>DOCUMENT # L06000104029</b>	
1. Entity Name <b>RANE HOLDINGS, LLC</b>	

Principal Place of Business <b>4209 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217</b>	Mailing Address <b>4209 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217</b>
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**60017294**

2. Principal Place of Business - No P.O. Box # <b>10365 Hood Road S.</b>	3. Mailing Address <b>10365 Hood Rd. S.</b>
Suite, Apt. #, etc. <b>#204</b>	Suite, Apt. #, etc. <b>#204</b>
City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32257</b>	Zip <b>32257</b>
Country <b>Duca</b>	Country <b>Duca</b>

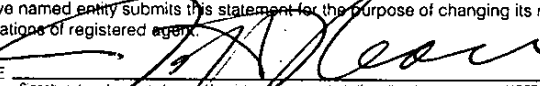
02202008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5796405</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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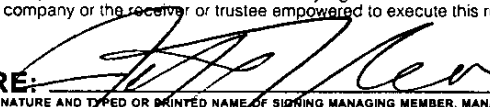
6. Name and Address of Current Registered Agent <b>NEACE &amp; ASSOCIATES, P.A. 4209 BAYMEADOWS ROAD SUITE 3 JACKSONVILLE, FL 32217</b>	
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7. Name and Address of New Registered Agent	
Name <b>Neace &amp; Associates P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>10365 Hood Road S. #204</b>	
City <b>Jacksonville</b>	Zip Code <b>FL 32257</b>

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 <b>3/21/08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NEACE, JEFFREY S 4209 BAYMEADOWS ROAD, SUITE 3 JACKSONVILLE, FL 32217</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Neace, Jeffrey S. 10365 Hood Road, S. #204 Jacksonville, FL 32257</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRGM LAVIN, SONIA J 4209 BAYMEADOWS ROAD, SUITE 3 JACKSONVILLE, FL 32217</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MRGM Lavin, Sonia J. 10365 Hood Road, S. #204 Jacksonville, FL 32257</b> <input checked="" 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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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: 	Date <b>3-21-08</b> Daytime Phone # <b>904-854-6330</b>