

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107875

Entity Name: RAH FUNDRAISERS LLC

FILED  
Feb 05, 2008  
Secretary of State

## Current Principal Place of Business:

C/O STEVEN A. SCIARRETTA, ESQ.  
2799 NW BOCA RATON BLVD., SUITE 203  
BOCA RATON, FL 33431

## Current Mailing Address:

C/O STEVEN A. SCIARRETTA, ESQ.  
2799 NW BOCA RATON BLVD., SUITE 203  
BOCA RATON, FL 33431

## New Principal Place of Business:

ROBERT HAUPT  
2136 NW 60TH CIRCLE  
BOCA RATON, FL 33496

## New Mailing Address:

ROBERT HAUPT  
2136 NW 60TH CIRCLE  
BOCA RATON, FL 33496

FEI Number: 26-1299830

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCIARETTA, STEVEN A ESQ.  
2799 NW BOCA RATON BLVD., SUITE 203  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

HAUPT, ROBERT A  
2136 NW 60TH CIRCLE  
BOCA RATON, FL 33496 US

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.

SIGNATURE: ROBERT HAUPT

02/05/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCIARRETTA, STEVEN A ESQ.  
Address: 2799 NW BOCA RATON BLVD., SUITE 203  
City-St-Zip: BOCA RATON, FL 33431

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: HAUPT, ROBERT A  
Address: 2136 NW 60TH CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT HAUPT

PRES

02/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date