

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L96000000024**

1. Entity Name  
**RAINBOW RUN, L.L.C.**



Principal Place of Business  
**19190 TOLEDO BLADE BLVD.  
P.O. BOX 380776  
MURDOCK, FL 33938**

Mailing Address  
**19190 TOLEDO BLADE BLVD.  
P.O. BOX 380776  
MURDOCK, FL 33938**



03302005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-6233692**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHABOTZ, ALAN  
3533 ROXANE BLVD.  
SARASOTA, FL 34235**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MURPHY, BRUCE  
2440 AUBURN BLVD.  
PORT CHARLOTTE, FL 33948**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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1100000307968  
04/15/05-80070-020 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: B. Murphy Bruce A. Murphy / Manager 3-35-05 941-627-3004**

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

Date

Daytime Phone #