

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000006852**

1. Entity Name  
**R.B.I. HOLDING, L.C.**



Principal Place of Business  
**400 4TH STREET  
BOCA GRANDE, FL 33921**

Mailing Address  
**C/O ROLF WAGSCHAL  
P.O. BOX 342  
BOCA GRANDE, FL 33921**



07062004 No Chg-LLC —CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0956366**

Applied For  
Not Applicable

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

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

**HOLMES, DAVID A ESQUIRE  
C/O FARR, FARR, EMERICH, SIFRIT, HACKETT  
2315 AARON STREET  
PORT CHARLOTTE, FL 33949**

**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 September 8, 2004**

000000165365  
07/12/04-80031-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WAGSCHAL, ROLF  
P.O. BOX 342  
BOCA GRANDE, FL 33921**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:** \_\_\_\_\_

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

**7/6/04**

Date

Daytime Phone #