2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 20, 2006 08:00 AM DOCUMENT # L99000006852 **Secretary of State** t. Entity Name R.B.I. HOLDING, L.C. Principal Place of Business Mailing Address C/O ROLF WAGSCHAL P.O. BOX 342 BOCA GRANDE FL 33921 400 41H STREET **BOCA GRANDE FL 33921** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 65-0956366 Not Applicat Zip Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name MADDEN, JOSEPH M JR Street Address (P.O. Box Number is Not Acceptable) 2222 SECOND STREET FORT MYERS FL 33901 City Zip Code 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 Signature, typed or praited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstativity) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. □ Ades: TITLE MGRM ☐ Delete TITLE ☐ Change NAME WAGSCHAL, ROLF NAME U00000475117 STREET ADDRESS STREET ADDRESS 04/05/06-80002-022 50.00 P.O. BOX 342 CITY-ST-ZIP **BOCA GRANDE FL 33921** CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DUE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IN CITY-ST-ZIP TITLE ☐ Delete 117LE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS City-ST-709 CITY - ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 hability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

16/06