FROM :RUBIN-SCUTTI FAX NO. :561347082

04/26/2006 15:02 5612439399 RANKIN_

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90024 015 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000008736

1. Entity Name
RANKIN/GRAVETT GROUP, LLC

20038536

Principal Place of Business
1300 NW 17TH AVE.
SUITE 255
DELRAY BEACH, FL 33445

Mailing Address
1300 NW 17TH AVE.
SUITE 255
DELRAY BEACH, FL 33445

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0968996 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
~~KOCHTMAN, BARBARA~~
~~7531 HIGH RIDGE ROAD~~
~~BOYNTON BEACH, FL 33426~~

7. Name and Address of New Registered Agent
Name: STEVE RUBIN
Street Address (P.O. Box Number is Not Acceptable): 980 N Federal Hwy
SUITE # 434
City: BOCA RATON FL Zip Code 33432

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] 4/28/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	RANKIN, RICHARD M JR.	
STREET ADDRESS	7531 HIGH RIDGE RD.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE	MGRM	☐ Delete
NAME	GRAVETT, STEPHEN E	
STREET ADDRESS	1101 VISTA DEL MAR RD.	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #