

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90039 008 ****50.00

DOCUMENT # L99000008736

1. Entity Name

RANKIN/GRAVETT GROUP, LLC



Principal Place of Business

Mailing Address

~~1300 NW 17TH AVE~~
~~SUITE 255~~
~~DELRAY BEACH FL 33446~~

~~1300 NW 17TH AVE~~
~~SUITE 255~~
~~DELRAY BEACH FL 33446~~



2. Principal Place of Business - No P.O. Box #

301 EAST OCEAN AVE

3. Mailing Address

301 EAST OCEAN AVENUE

Suite, Apt. #, etc.

STE # 1

Suite, Apt. #, etc.

STE # 1

1st MOORE

CR2E083 (10/06)

City & State

MANTANA Florida

City & State

MANTANA Florida

4. FEI Number

65-0968996

Applied For

Not Applicable

Zip

33462

Country

USA

Zip

33462

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUBIN
RUBIN, STEVE
980 NORTH FEDERAL HWY
SUITE 434
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Rubin, STEVE

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	RANKIN, RICHARD M JR.	
STREET ADDRESS	7531 HIGH RIDGE RD.	
CITY - ST - ZIP	BOYNTON BEACH FL 33426	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GRAVETT, STEPHEN E	
STREET ADDRESS	1101 VISTA DEL MAR RD.	
CITY - ST - ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] 2/28/07

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

Date

Daytime Phone #