LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002726

1. Entity Name

RINI-GULF, LLC

FILED Jun 25, 2002 8:00 am Secretary of State 06-25-2002 90441 029 ****50.00

DO NOT WRITE IN THIS SPACE				969572	
2. Principal Place of Business // OYTS GULFSHIRES DOWE Suite, Apt. #, etc. # 131 City & State NAPLES FL		3. Mailing Address 182 WAHACKME PO Suite, Apt. #, etc. City & State NEW CALAPU CT		DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For	
Zip Country USA		06840	Country 5. Certificate of Status Desired \$5.00 A		Not Applicable \$5.00 Additional Fee Required
	DO NOT W	RITE	Name	7. Name and Address of Current Regis PORTION SYSTEM (P.O. Box Number is Not Acceptable) PORTION	tered Agent
SIGNATURE _	named entity submits this statement for signature, typed or printed name of registered agent ar	id title if applicable.	FEE IS \$50.00 Payable to Department DUE BY MAY 1	ored agent, or both, in the State of Florida.	NTE
9.	MANAGING MEMBER	S/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP	MAUAGER JAMES H. RINI 182 WAHACKME PO NEW CAUADO CO	~ <i>063</i> 40	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	
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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 of the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE