


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90021 022 \*\*\*\*50.00

<b>DOCUMENT # M01000002726</b> 1. Entity Name <b>RINI-GULF, LLC</b>					
Principal Place of Business <b>10475 GULFSHORES DR NAPLES, FL 34108</b>			Mailing Address <b>182 WAHACKME ROAD NEW CANAAN, CT 06840</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>47 DUCKS HEAD</b>			
City & State		City & State <b>NEW CASTLE</b>		4. FEI Number <b>34-1912793</b>	
Zip	Country	Zip <b>03854</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>				<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RINI, JAMES M 182 WAHACKME ROAD NEW CANAAN, CT 06840			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR RINI, JAMES M 47 DUCKS HEAD NEW CASTLE, NH				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>James M. Rini</u> <b>JAMES M. RINI MGR</b> <u>2/25/05</u> <u>603 431-7177</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					