## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

ANNUAL REPORT (AR)					FILED			
DOCUMENT # M0300002143 1. Entity Name					Mar 02, 2005 08:00 AM Secretary of State			
RAINIER I	HOLDINGS GROUP L.L.C.		199			Secreta	y or state	
Principal Place	e of Business	Mailing Address		s. ,				
7608 DUNBRIDGE DR ODESSA FL 33556		7608 DUNBRIDGE DR ODESSA FL 33556			}			
			· · · · · · · · · · · · · · · · · · ·					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	st MOORE	CR2E083 (10/04)		
City & State		City & State		4, FEI Numi	<sup>oer</sup> 56-2342771	<del> </del>	plied For t Applicable	
Zip Country		Zip	Zip Country		5. Certificat	e of Status Desired	\$5.00 Add	
	6. Name and Address of Curre	ent Registered Agent	····		7. Name an	d Address of New Re		
			N	Jame				-
ASMAR, SAMEER 7608 DUNBRIDGE DR ODESS FL 33556			s	Street Address (P.O. Box Number is Not Acceptable)			<del></del>	
			C	City	<u> </u>		FL Zip Code	·
	named entity submits this statemer ions of registered agent.	nt for the purpose of changing it	ts registered o	office or registe	red agent, or b	oth, în the State of Flor	rida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered a	gont and title if applicable (NO	OTE Registered Age	ont signature require	d when reinstating)	<u></u> _,	DATE	<del></del>
		1: 2 22 : 1 2 22 22	**********	E IS \$50.00	· 11.1. 1211			<del></del>
		Make Check Payal			nt of State			
			ue By May 1					
9.	MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS/	CHANGES	<del>-</del>
TITLE			TITLE				☐ Change	Addition
NAME	ASMAR, SAMEER	Jen ti , Or terment		E		U0000024	:8854 :046-024 50.00	
STREET ADDRESS	. 666 561.5.115 62 511			EFET ADDRESS Y-ST-ZIP		U3/UZ/U5-8U	W45-U24 5U.UL	)
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NAME STREET AODRESS			NAME STREET AL	DDRESS				
CITY - ST- ZIP			CITY-Si-	l l				
11. I hereby	certify that the information supplied	with this filing does not qualify f	for the exempt	tíon stateď in S	ection 119.07(3	i)(i), Florida Statutes. i	further certify that the it	formation
indicatéd limited lia	I on this report is true and accurate ability company or the receiver or true	and that my signature shall have stee empowered to execute thi	e the same les is report as rec	gal effect as if i quired by Chap	made under oa oter 608, Florida	th, that I am a manag a Statutes.	ing member or manage	r of the