

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90024 001 \*\*\*100.00

30007533



02142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0603713

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SK BUSINESS TRUST
STREET ADDRESS	2930 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	MGRM
NAME	RF BUSINESS TRUST
STREET ADDRESS	2930 BISCAYNE BOULEVARD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	MGRM
NAME	MENIN 1998 FAMILY TRUST
STREET ADDRESS	2930 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	MGRM
NAME	GALBUT, DAVID
STREET ADDRESS	2930 BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Sections 607.01, 607.02, 607.03, 607.04, 607.05, 607.06, 607.07, 607.08, 607.09, 607.10, 607.11, 607.12, 607.13, 607.14, 607.15, 607.16, 607.17, 607.18, 607.19, 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 I had signed 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 Sections 607.01, 607.02, 607.03, 607.04, 607.05, 607.06, 607.07, 607.08, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

**Russell Galbut, Trustee of RF Business Trust,  
Managing Member,  
2/14/06 305.374.5700**