

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000002871**

1. Entity Name  
RB293, LLC



Principal Place of Business

8 GEORGETOWN AVENUE, SUITE A, 1ST FLOOR  
ROSEMARY BEACH, FL 32461

Mailing Address

8 GEORGETOWN AVENUE, SUITE A, 1ST FLOOR  
ROSEMARY BEACH, FL 32461

**DO NOT WRITE IN THIS SPACE**



03252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
20-1360755

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZEITLIN, BRAD  
8 GEORGETOWN AVENUE, SUITE A, 1ST FLOOR  
ROSEMARY BEACH, FL 32461

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2005**

U000000284547  
04/02/05 00000 014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MOSAIC CAPITAL PARTNERS II, LLC
STREET ADDRESS	P.O. BOX 611575
CITY - ST - ZIP	ROSEMARY BEACH, FL 32461

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY - ST - ZIP	

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IN THIS SPACE**

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.

**SIGNATURE:**

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

Date

Daytime Phone #