


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90061 028 \*\*\*\*50.00

<b>DOCUMENT # M04000002871</b>					
<b>1. Entity Name</b> RB293, LLC					
<b>Principal Place of Business</b> 8 GEORGETOWN AVENUE, SUITE A, 1ST FLOOR ROSEMARY BEACH, FL 32461		<b>Mailing Address</b> 8 GEORGETOWN AVENUE, SUITE A, 1ST FLOOR ROSEMARY BEACH, FL 32461			
<b>2. Principal Place of Business</b> 82 South Barrett Square Suite, Apt. #, etc. Suite 2A		<b>3. Mailing Address</b> P.O. Box 611296 Suite, Apt. #, etc.			
<b>City &amp; State</b> Rosemary Beach, FL Zip 32461 Country U.S.		<b>City &amp; State</b> Rosemary Beach, FL Zip 32461 Country U.S.		<b>4. FEI Number</b> 20-1360755	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  ZEITLIN, BRAD 8 GEORGETOWN AVENUE, SUITE A, 1ST FLOOR ROSEMARY BEACH, FL 32461			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 82 South Barrett Square, Suite 2A City Rosemary Beach FL Zip Code 32461		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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 MOAIC CAPITAL PARTNERS II, LLC P.O. BOX 611575 ROSEMARY BEACH, FL 32461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR New orchard Group, LLC P.O. Box 611296 Rosemary Beach, FL 32461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> _____		3/29/06		850-231-0850	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	