## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 20, 2007 08:00 A Secretary of State DOCUMENT # M06000005294 1. Entity Name RAK ENTERPRISES L.L.C. Principal Place of Business Mailing Address 1531 SOUTH TAMIAMI TRAIL #703 1531 SOUTH TAMIAMI TRAIL #703 VENICE, FL 34285 VENICE, FL 34285 02272007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1317715 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KHLEIF, ALBERT DO NOT WRITE 1531 SOUTH TAMIAMI TRAIL #703 VENICE, FL 34285 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME KHLEIF, ROD 1531 SOUTH TAMIAMI TRAIL #703 STREET ADDRESS U000009719019 VENICE, FL 34285 CITY-ST-ZIP 05/01/07-80043-017 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. 1 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 manager of 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 manager of 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 manager of 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 manager of the limited liability company or the receiver or manager of the limited liability company.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGIN

FILED