

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

7/30/2002-90001-001-\$50.00-\$50.00

02 OCT -9 AM 10:21

10/11

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022509

1. Entity Name
R & M LLC

Principal Place of Business Mailing Address
1301 N LIME AVE 1301 N LIME AVE
SARASOTA FL 34237 SARASOTA FL 34237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **EIN-26-0049769** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SCOVILL, H. WILLIAM
1805 MAIN ST
SUITE 912
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Ralph E. Hardesty - Partner - RALPH E. HARDESTY* 7/26/02
Signature, typed or printed name of registered agent and date (NOTE: Registered Agent's signature required when retreating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR NAME PARTNER STREET ADDRESS RALPH E. HARDESTY CITY-ST-ZIP 1301 N. LIME AVE. SARASOTA, FL. 34237	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME PARTNER STREET ADDRESS MARGARET A. BLAIN CITY-ST-ZIP 1301 N. LIME AVE. SARASOTA, FL. 34237	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 605, Florida Statutes.

SIGNATURE: *Ralph E. Hardesty* **FOUNDED** 7/26/02 941-364-5130
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CPRE083 (4/02)