

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90101 012 \*\*\*\*50.00

DOCUMENT # L01000022509	
1. Entity Name R & M LLC	

Principal Place of Business 1501 N LIME AVE SARASOTA, FL 34237	Mailing Address 1501 N LIME AVE SARASOTA, FL 34237
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0049769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCOVILL, H. WILLIAM  
 1605 MAIN ST  
 SUITE 912  
 SARASOTA, FL 34236

**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 \_\_\_\_\_ 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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDESTY, RALPH E 1501 N LIME AVE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLAIN, MARGARETA E 1501 N LIME AVE SARASOTA, FL 34237
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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 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: Ralph E Hardesty Ralph E. Hardesty 1-6-04 941-364-5130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #