


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0016502

DOCUMENT # L02000027833

1. Entity Name
RB & RDEB, LLC



FILED
03 SEP 24 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**405 ERIE AVENUE
TAMPA FL 33606** **405 ERIE AVENUE
TAMPA FL 33606**

2. Principal Place of Business 3. Mailing Address

Home **405 Erie Av.**

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

City & State City & State

Tampa **FL**

Zip Country Zip Country

33606 **USA** **33606** **USA**

4. FEI Number Applied For

 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADAMS, BRUCE H
405 ERIE AVENUE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **Adams Bruce H.**

Street Address (P.O. Box Number is Not Acceptable)

405 Erie Av.

City State Zip

Tampa **FL** **33606**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: **Bruce H. Adams Pres. & GM** **9/22/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Bruce H. Adams 405 Erie Av. Tampa FL 33606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300023305503 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/24/03--01060--005 **50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **Bruce H. Adams Pres. & GM** **9/22/03** **813 253-5415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)