


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000013870</b> 1. Entity Name ROR, LLC	
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Principal Place of Business 855 E. BRANDON BLD. #1 BRANDON, FL 33511	Mailing Address 855 E. BRANDON BLD. #1 BRANDON, FL 33511
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**DO NOT WRITE IN THIS SPACE**



01222008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>NOT APPLICABLE</b>	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

RAYMOND, J. PAUL  
625 COURT STREET, STE. 200  
CLEARWATER, FL 33756

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000891489  
02/27/08-80021-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMONTE, NANCY C TRUSTEE 2118 OAK HILL DRIVE VALRICO, FL 335944613
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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 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.

**SIGNATURE:** *Nancy Lamonte* **2/14/08** **813 689 0004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #