



2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 30 AM 9:51

DOCUMENT # L03000047512 1. Entity Name R2, LLC	
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Principal Place of Business 2104 DELTA WAY SUITE 6 TALLAHASSEE, FL 32303 US	Mailing Address 2104 DELTA WAY SUITE 6 TALLAHASSEE, FL 32303 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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 06272006 Chg-LLC CR2E083 (11/05)

City & State City: _____ State: _____	4. FEI Number 86-1089165
Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RICHARD M. POWERS, P.A. 2104 DELTA WAY SUITE 6 TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM POWERS, RICHARD M <input type="checkbox"/> Delete	TITLE	
NAME	POWERS, RICHARD M	NAME	
STREET ADDRESS	2104 DELTA WAY, SUITE 6	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBBS, ROGER K	NAME	RK DEVELOPMENT OF TALLAHASSEE, INC.
STREET ADDRESS	7118 BEECH RIDGE TRAIL	STREET ADDRESS	3023 EAST MILLERS BRIDGE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *R. Hobbs* **6-27-06** **850-933-2555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #