


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L04000012541 1. Entity Name R & B APARTMENTS, LLC	
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Principal Place of Business 1741 HICKORY GATE DR. SOUTH DUNEDIN, FL 34698	Mailing Address 1741 HICKORY GATE DR. SOUTH DUNEDIN, FL 34698
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**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0792751	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

BIALOR, RICHARD  
 1741 HICKORY GATE DR. SOUTH  
 DUNEDIN, FL 34698

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

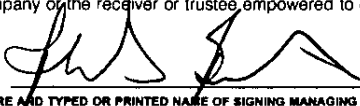
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIALOR, RICHARD 1741 HICKORY GATE DR. SOUTH DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATHIS, BYRON 1741 HICKORY GATE DR. SOUTH DUNEDIN, FL 34698
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000000861493  
 04/03/08-80012-002 138.75

**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:  Richard Bialor 3/12/08 727-7851029  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #