


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90386 017 \*\*\*\*50.00

DOCUMENT # L04000029962			
1. Entity Name R & G, LC			
Principal Place of Business 9183 WATERASH LANE PINELLAS PARK, FL 33782		Mailing Address 9183 WATERASH LANE PINELLAS PARK, FL 33782	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLS MILLS, RICHARD B 9183 WATERASH LANE PINELLAS PARK, FL 33782		Name <u>MILLS</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code	
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 <u>INCORRECT SPELLING - PLEASE CORRECT</u> DATE			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLS, RICHARD B 9183 WATERASH LANE PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MILLS, GIOVANNA L 9183 WATERASH LANE PINELLAS PARK, FL 33782 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: <u>[Signature]</u>		Date <u>3-15-05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

ATTACHMENT  
30003571

APRIL 14, 2005

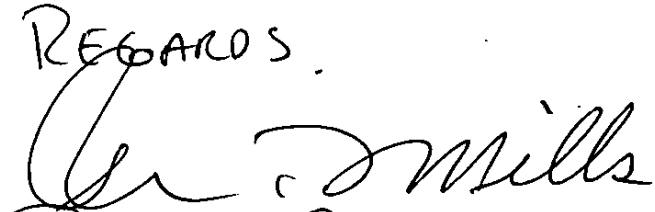
DIVISION OF CORPORATIONS  
P.O. BOX 6478  
TALLAHASSEE, FLORIDA 32314

RE: L 04000029462  
R & G, LC

YOUR LETTER DATED MARCH 25, 2005.

PLEASE BE ADVISED THAT R & G, LC IS  
A MEMBER-MANAGED COMPANY. THE  
LIMITED LIABILITY COMPANY IS SINGLE MEMBER  
AND A FEI IS NOT REQUIRED. THE  
SINGLE MEMBER'S SOCIAL SECURITY NUMBER  
PROVIDES THE NECESSARY IRS INFO.  
THEREFOR THE ANNUAL REPORT FOR 2005  
IS RETURNED WITH BLOCK 4 CHECKED  
NOT APPLICABLE. NOTIFY ME WHEN FILED.

REGARDS.

  
RICHARD B. MILLS

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2005 REPORT  
LTR DATED 3-25-05