


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90016 011 ****55.00

DOCUMENT # L05000090011

1. Entity Name
R & R DIVERSIFIED OF CENTRAL FLORIDA, LLC



Principal Place of Business
**931 TANNER ROAD
 PLANT CITY, FL 33566**

Mailing Address
**PO BOX 1937
 DOVER, FL 33527**



2. Principal Place of Business
2505 Thonotosassa Rd
 Suite, Apt. #, etc.
#174

3. Mailing Address
2505 Thonotosassa Rd
 Suite, Apt. #, etc.
#174

03142006 Chg-LLC CR2E083 (11/05)

City & State
Plant City, FL

City & State
Plant City, FL

4. FEI Number
56-2532736

Applied For
 Not Applicable

Zip
33563

Country
USA

Zip
33563

Country
USA

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

6. Name and Address of Current Registered Agent

**WOOD, RITA M
 931 TANNER ROAD
 PLANT CITY, FL 33566**

7. Name and Address of New Registered Agent

Name
 Street Address
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WOOD, RITA M 931 TANNER ROAD PLANT CITY, FL 33566 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WOOD, ROBERT E 931 TANNER ROAD PLANT CITY, FL 33566 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Wood, RITA M. 2505 Thonotosassa Rd #174 Plant City, FL 33563 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR Wood, Robert E 2505 Thonotosassa Rd #174 Plant City, FL 33563 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: Rita M. Wood Rita M. Wood 4/25/06 (813) 754-9414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #