


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90035 009 \*\*\*\*50.00

**DOCUMENT # L05000090011**

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



Principal Place of Business <b>2505 THONOSASSA RD          #174          PLANT CITY, FL 33563</b>	Mailing Address <b>2505 THONOSASSA RD          #174          PLANT CITY, FL 33563</b>
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2. Principal Place of Business - No P.O. Box # <i>2505 Thonotosassa Rd</i>	3. Mailing Address <i>2505 Thonotosassa Rd</i>
Suite, Apt. #, etc. <b>#174</b>	Suite, Apt. #, etc. <b>#174</b>

City & State <i>Same above</i>	City & State <i>Same above</i>	4. FEI Number <b>56-2532736</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>Same</i>	Country	Zip <i>Same</i>	Country



03062007 Chg-LLC CR2E083 (12/06)

**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 (P.O. Box Number is Not Acceptable) \_\_\_\_\_

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

**Filing Fee is \$50.00  
 Due by May 1, 2007**

\_\_\_\_\_

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, RITA M 2505 THONOTOSASSA RD., #174 PLANT CITY, FL 33563	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, ROBERT E 2505 THONOTOSASSA RD., #174 PLANT CITY, FL 33563	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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* **4/2/07** **813-545-7335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #