2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90277 014 ****55.00

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1. Entity Name
R & R SITE DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
27311 S. RIVERSIDE DRIVE BONITA SPRINGS, FL 34135 US	27311 S. RIVERSIDE DRIVE BONITA SPRINGS, FL 34135 US

01042007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2910 Goldengate Blvd. E.	2910 Goldengate Blvd. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34120 Country: US	Zip: 34120 Country: US

4. FEI Number: 83-0442375 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAULERSON, RANDELL 27311 S. RIVERSIDE DRIVE BONITA SPRINGS, FL 34135	Name: Raulerson, Randell Street Address (P.O. Box Number is Not Acceptable): 2910 Goldengate Blvd. E City: Naples FL Zip Code: 34120

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAULERSON, RANDELL ~~27311 S. RIVERSIDE DRIVE~~ ~~BONITA SPRINGS, FL 34135~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2910 Goldengate Blvd E. Naples, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAULERSON, MARSHALL ~~27311 S. RIVERSIDE DRIVE~~ ~~BONITA SPRINGS, FL 34135~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2910 Goldengate Blvd E. Naples, FL 34120
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 2/18/07 239-222-4630

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