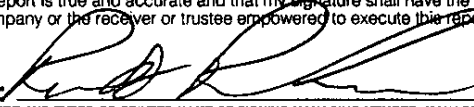


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90035 043 ***143.75

DOCUMENT # L05000117753 1. Entity Name R & R SITE DEVELOPMENT, LLC					
Principal Place of Business 2910 GOLDENGATE BLVD. E NAPLES, FL 34120 US			Mailing Address 27311 S. RIVERSIDE DRIVE BONITA SPRINGS, FL 34136 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2910 Golden Gate Blvd. E Suite, Apt. #, etc.		 01192008 Chg-LLC CR2E083 (12/06) 4. FEI Number 83-0442375 Applied For Not Applicable 5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
City & State Zip Country		City & State Naples, FL Zip Country 34120 US			
City & State Zip Country		City & State Zip Country			
City & State Zip Country		City & State Zip Country			
6. Name and Address of Current Registered Agent RAULERSON, RANDELL 2910 GOLDENGATE BLVD. E NAPLES, FL 34120				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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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 2910 GOLDENGATE BLVD. E NAPLES, FL 34120	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAULERSON, MARSHALL 2910 GOLDENGATE BLVD. E NAPLES, FL 34120	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4/27/08 Daytime Phone #					