

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 APR -7 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE**  
\$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L96000000144**  
  
R & K PORTABLE BUILDINGS, L.C.  
5692 KINGRY ROAD AT 4213 AVALON BLVD  
MILTON FL 32583-1638

1a. Principal Place of Business Address  
5692 KINGRY ROAD AT 4213 AVAL  
MILTON FL 32583

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/31/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired
				N/A	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  
RUSSELL, TOBY T  
5692 KINGRY ROAD AT 4213 AVALON BLVD  
MILTON FL 32583

8. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc. ~~5692 KINGRY ROAD AT 4213 AVALON BLVD~~  
-04/09/97-01048-019  
\*\*\*\*203.75 \*\*\*\*203.75  
City  
Zip Code  
**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

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

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RUSSELL, TOBY T	6330 BAYBERRY STREET	MILTON FL
MGRM	RUSSELL, GLENNON L.	5804 HERMITAGE CIRCLE	MILTON FL
MEM	RUSSELL, SHEILA K	5804 HERMITAGE CIRCLE	MILTON FL
MEM	RUSSELL, BENJAMIN L.	5804 HERMITAGE CIRCLE	MILTON FL
MEM	RUSSELL, JULIE L.	6330 BAYBERRY STREET	MILTON FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** Toby Russell / Toby Russell Date: 4/4/97 Daytime Phone #: 904-623-9886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER