

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
Apr 23 1998 8:00 am
Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	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
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1a. Principal Place of Business Address 5692 KINGRY ROAD AT 4213 AVA MILTON FL 32583
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2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
01/31/1996	FL
4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
59-3360827	
5. Date of Last Report	6. Certificate of Status Desired
04/07/1997	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent RUSSELL, TOBY T 5692 KINGRY ROAD AT 4213 AVALON BLVD MILTON FL 32583
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002302708--9 -04/28/98--01057--012 Suite, Apt. #, etc. ****188.75 ****188.75 City FL Zip Code

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 4/21/98 850-623-9886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #