2008 FOR PROFIT CORPORATION

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

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1. Entity Nam	ne	# K46302 R & LIME, INC.								_	***150.00
Principal Place of Business Mailing Address							t	0031358	i		
10311 CEMENT PLANT ROAD Brooksville, FL 34601 US			67 PARK PLACE EAST Morristown, nj. 07960 - US					•			
RKOOK2AILT	.E, FL 340U	11 US	MORRISTOWN, NJ 0796	oU U	15						
2 Principal C	None of Durin	No D.O. Bout	* \$4=1K== 6 ddv===								
2. Principal Place of Business - No P.O. Box # 16945 Northchase Drive			3. Mailing Address 115 S. Jefferson Rd.,					##			CIANARI II IADI
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04102008	Chg-P	CR2E	034 (12/0	16)
Suite 2			City & State							1	
City & State Houston, TX			Whippany, NJ			4. FEI Numb 59-292			-	Applied For Not Applicable	
- Zip		Country	Zip	Coun	try			e of Status Desired	П		Additional
77060_	6 Name	07981	ı	7. Name and Address of New Registered Agent							
6. Name and Address of Current Registered Agent					Name		/. Name and	Address of New F	cegistered	Agent	
		RVICE COMPANY			Ct A						
1201 HAYS STREET TALLAHASSEE. FL 32301					Street A	aaress (1	2.O. Box Numb	er is Not Acceptable	e) 		
17623171	0042,12	02001								_	
					City			···	F	Zip C	Code
8. The above	named entit	y submits this statement for	the purpose of changing its r	registere	ed office or	r registere	ed agent, or bo	oth, in the State of Flo		_	ith, and accept
the obligat	tions of regist	ered agent.									
		ū									
SIGNATURE.			•								
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered	d Agent signati	ure required	when reinstating)		DATE	·	
FIL	E NOW!!!	or printed name of registered agent and FEE IS \$150.00 B Fee will be \$550.00	9. Election Campaig	n Finan		\$5.	when rainstating) OO May Be do to Fees		DATE		
FIL	E NOW!!!	FEE IS \$150.00	9. Election Campaig Trust Fund Contri	n Finan	icing	\$5.	00 May Be ad to Fees	/CHANGES TO OFF		D DIRECTO	ORS IN 11
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

BEGLEITER, STEVEN

NEW YORK, NY 101790024

STREET ADDRESS 383 MADISON AVENUE

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

832-601-2600 David T. Field, Co-Pres, Date

04/ /7 /08
Daytime Phone #