


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90023 041 \*\*\*\*50.00

<b>DOCUMENT # L00000000815</b> 1. Entity Name <b>RSD REAL ESTATE MANAGEMENT, LLC</b>					
Principal Place of Business <b>9505 S.E. 134TH STREET SUMMERFIELD, FL 34491</b>			Mailing Address <b>PO BOX 1060 HUNTINGTON, WV 25713-1060</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>59-3621903</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent				Name	
Street Address (P.O. Box Number is Not Acceptable)				City	
State				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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, J. BERNARD JR 9505 S.E. 134TH STREET SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, ELIZABETH T 9505 S.E. 134TH STREET SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete <b>DECEASED</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, CAROLYN J RT 1, BOX 279 PRICHARD, WV 25555	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, METTA E 126 ROTARY ROAD HUNTINGTON, WV 25705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MARY P 3515 FRONTENAC CT. AURORA, IL 60504	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, J.B. III 23804 ROLLING FORK WAY GAITHERSBURG, MD 20882	<input type="checkbox"/> Delete			
11. I 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 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: <u>Mary P. Williams, authorized rep</u> 4-1-05 (304) 523-2590		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		