


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90145 028 ****50.00

DOCUMENT # L00000000815					
1. Entity Name RSD REAL ESTATE MANAGEMENT, LLC					
Principal Place of Business 9505 S.E. 134TH STREET SUMMERFIELD, FL 34491			Mailing Address PO BOX 1060 HUNTINGTON, WV 25713-1060		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3621903	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMPHRIES, J. GREGORY ESQ. 300 SOUTH ORANGE AVENUE SUITE 1000 ORLANDO, FL 32801-3373				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, J. BERNARD JR 9505 S.E. 134TH STREET SUMMERFIELD, FL 34491	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, J. BERNARD JR 156 CAMELOT DRIVE HUNTINGTON, WV 25701	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MARY P 3515 FRONTENAC CT. AURORA, IL 60504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, MARY P. 156 CAMELOT DRIVE HUNTINGTON, WV 25701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POINDEXTER, J.B. III 23804 ROLLING FORK WAY GAITHERSBURG, MD 20882	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Mary P. Williams</u>				<u>7-29-06 (304) 417-5200</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	