


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000000992**

1. Entity Name  
**R & D DISTRIBUTION LLC**



Principal Place of Business <b>12451 S.W. 5 CT          FT. LAUDERDALE, FL 33325</b>	Mailing Address <b>12451 S.W. 5 CT          FT. LAUDERDALE, FL 33325</b>
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**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-LLC      CR2E093 (11/05)

4. FEI Number <b>65-1002340</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LAMOTHE, FERNAND  
 1401 DEWEY STREET  
 HOLLYWOOD, FL 33020**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAMOTHE, DENECE DUBOIS 12451 SW 5TH CT DAVIE, FL 33325</b>
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 04/26/06-80111-008 50.00

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 606, Florida Statutes.

**SIGNATURE:** *Denece Dubois Lamothe*      4/10/06      954-895-6138  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #