

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/4

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-04-2006 90032 010 ****50.00

DOCUMENT # L00000002357	
1. Entity Name R AND B, L.L.C.	

Principal Place of Business 1473 PERIWINKLE WAY SANIBEL, FL 33957	Mailing Address 1473 PERIWINKLE WAY SANIBEL, FL 33957
---	---

DO NOT WRITE IN THIS SPACE



02142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0425297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRITCHARD, WILLIAM L
 1473 PERIWINKLE WAY
 SANIBEL, FL 33957

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: *William L Pritchard* DATE: 2/20/06

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

**Filing Fee is \$50.00
 Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRITCHARD, WILLIAM L 1473 PERIWINKLE WAY SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PRITCHARD, ROGER C 1345 EAGLE RUN SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *William L Pritchard* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE