2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L00000002357

Entity Name: R AND B, L.L.C.

Current Principal Place of Business:

1473 PERIWINKLE WAY
SANIBEL, FL 33957

New Principal Place of Business:

1523 PERIWINKLE WAY
SANIBEL, FL 33957

Current Mailing Address:

1473 PERIWINKLE WAY
SANIBEL, FL 33957

New Mailing Address:

1523 PERIWINKLE WAY
SANIBEL, FL 33957

FEI Number: 65-0425297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRITCHARD, WILLIAM L
1473 PERIWINKLE WAY
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

PRITCHARD, WILLIAM L
1523 PERIWINKLE WAY
SANIBEL, FL 33957 US

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.

SIGNATURE: WILLIAM L. PRITCHARD 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PRITCHARD, WILLIAM L
Address: 1473 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

Title: MGRM ( ) Delete
Name: PRITCHARD, ROGER C
Address: 1345 EAGLE RUN
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PRITCHARD, WILLIAM L
Address: 1523 PERIWINKLE WAY
City-St-Zip: SANIBEL, FL 33957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGRM 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date