

2001 UNIFORM BUSINESS REPORT (UBR)

0020682 AF

DOCUMENT # L00000005614

1. Entity Name
R & R VENTURES, LC

Principal Place of Business
71 COMMERCIAL BLVD
NAPLES FL 34104

Mailing Address
71 COMMERCIAL BLVD
NAPLES FL 34104

FILED
01 MAR 15 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1009608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILLS, ROBERT B
71 COMMERCIAL BLVD.
NAPLES FL 34109

Name ROBERT B. HILLS
Street Address (P.O. Box Number is Not Acceptable)
1304 SUMMER PLACE
City NAPLES FL Zip Code 34104

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.

SIGNATURE Robert B. Hills

3/8/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ROBERT B. HILLS
STREET ADDRESS 1304 SUMMER PLACE
CITY-ST-ZIP NAPLES, FL 34104
☐ Delete MANAGING MEMBER

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500003891465-6
-03/21/00-00105-019
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300003891753-7
-03/22/01-01009-019
*****50.00 *****50.00

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE NAME
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☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Robert B. Hills, Managing Member

3/8/01

941-263-8081

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

Date

Daytime Phone #

CR2E083 (11/00)