


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90065 011 ****55.00

DOCUMENT # L00000006790 1. Entity Name RBS, LLC					
Principal Place of Business 92 HIGHPOINT DRIVE GULF BREEZE, FL 32561			Mailing Address 92 HIGHPOINT DRIVE GULF BREEZE, FL 32561		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SWITZER, ROBERT B 92 HIGHPOINT DRIVE GULF BREEZE, FL 32561				7. Name and Address of New Registered Agent Name <u>LAWRENCE C. SCHILL, JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>226 S. PALAFOX ST. 6th FLOOR</u> City <u>PENSACOLA</u> <u>FL</u> Zip Code <u>32502</u>	
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 <u>LAWRENCE C. SCHILL</u> <u>[Signature]</u> <u>8/17/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SWITZER, ROBERT B 92 HIGHPOINT DRIVE GULF BREEZE, FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUNNEL ROAD, LLC 226 S. PALAFOX ST. 6th FLOOR PENSACOLA, FL 32502	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 606, Florida Statutes.					
SIGNATURE: <u>LAWRENCE C. SCHILL</u> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>8/17/04</u> <u>8504380955</u> <small>Date Daytime Phone #</small>		