


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (1/3)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90089 006 ****50.00

| | |
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| DOCUMENT # L00000010570 |  |
| 1. Entity Name R & M CONSULTING ENTERPRISES, LLC | |

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|--|--|
| Principal Place of Business 2188 BOND ROAD DELAND FL 32720 | Mailing Address 2188 BOND ROAD DELAND FL 32720 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-3664161 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent KAISER, FRED H 2188 BOND ROAD DELAND FL 32720 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 _____
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 Florida Department of State Due By May 1, 2007 | |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR KAISER, FRED H 2188 BOND ROAD DELAND FL 32720 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | MGR KAISER, A. MARY 2188 BOND ROAD DELAND FL 32720 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | Date _____ | Daytime Phone # _____ |
|---|------------|-----------------------|