

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003610

Entity Name: RM, LLC

FILED
Apr 14, 2006
Secretary of State

Current Principal Place of Business:

1311 BEDFORD DRIVE
SUITE 1
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

1311 BEDFORD DRIVE
SUITE 1
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3711831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQ.
1311 BEDFORD DR., STE. 1
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: LAT PROPERTIES, INC.,
Address: 1050 MEADOWBROOKE RD., N.E.
City-St-Zip: PALM BAY, FL 32905

Title: MGR () Delete
Name: VESTROL CORP.,
Address: 166 CENTER ST.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM () Delete
Name: CALAMARI OF BREVARD, INC
Address: 1311BEDFORD DR STE 1
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VESTROL CORP.,
Address: 166 CENTER ST.
City-St-Zip: CAPE CANAVERAL, FL 32920

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER J. COLEMAN

MRGM

04/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date