## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100007884

1. Entity Name

R&A FINANCIAL, L.L.C.



## FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90198 040 \*\*\*\*50.00

1383 FORKED CREEK DR. ENGLEWOOD FL 34223  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc. City & State  City & State  City & State  City & State  Country  Coun	•	•			1	GOO WE THE						
Suite, Apr. # etc.   GHECK HERE IF MAKING CHANGES   A. FEI Number 65-1106104   Applied For Not Applicable   A. FEI Number 65-1106104   Applied For Not				383 FORKED CREEK DR.	<del>'</del>			-,- — -	-		(4 BIB) (88)	
Suite, Apt. # etc.   GHECK HERE IF MAKING CHANGES   GIV, & State   City, & Sta	2 Principal Pla	ace of Business		. Mailing Address								
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Country   Zip   Country   Zip   Country   S. Cartificate of Status Desired   Lip   Face Requised	Suite, Apt. #, etc.			Suite, Apt. #, etc.								
S. Name and Address of Current Registered Agent  7. Name and Address of New Register. Address of	City & State			City & State		4. FEI Num	iber 65-110610	4				
GAYER, FRED R 1383 FORKED CREEK DR. ENGLEWOOD FL 34223    City   FL   Zip Code	Zip Country			Zip	try	5. Certifica	ate of Status Desired					
CAYER, FRED R 1383 FORKED CREEK DR. ENGLEWOOD FL 34223    City   FL   Zip Code		6. Name and Address of	Current Reg	istered Agent		7. Name and Address of New Registe ad Agent						
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  AND City Street Address (P.O. Box Number is Not Acceptable)  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State  Due By May 1, 2003  STREET ADDRESS CITY STREET RD.  STREET ADDRESS CITY STREET RD.  STREET ADDRESS STREET ADDRESS STREET RD.  STREET ADDRESS STREET RD.  STREET ADDRESS STREET RD.  STREET ADDRESS STREET RD.  CITY STREET RD.  STREET ADDRESS CITY STREET RD.  CITY STREET RD.  CITY STREET RD.  STREET ADDRESS STREET RD.  CITY STREET RD.  STREET ADDRESS CITY STREET RD.  CITY STREET ADDRESS CITY STREET RD.  CITY S			<del></del>	<u> </u>		Name	-					
E. The above named entity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, upped or prisid name of implicative agent and also if implicative in the obligations of registered agent	1383	FORKED CREEK DR.		Street Address			ess (P.O. Box Num	(P.O. Box Number is Not Acceptable)				
6. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatur	ENG	LEWOOD FL 34223	<b>x</b>								j	
SIGNATURE   Signature, typed or protect name of registered agent and targeticates   (in)TE_ Negitimen Agent signature required when renetating)   DATE	•					City			FL	Zip Code	9	
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State Due By May 1, 2003    MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES	8. The above the obligation	named entity submits this sta ons of registered agent.	tement for the	e purpose of changing its	register	ed office or reg	istered agent, or l	ooth, in the State of Flo	orida. I am fa	miliar with, a	and accept	
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MEM SCHAINHOLZ, CHERYL M 6051 NW 125TH STREET RD.  TITLE MEM SCHAINHOLZ, ALFRED 6051 NW 125TH STREET RD.  TITLE MEM SCHAINHOLZ, ALFRED 707-51-2P	SIGNATURE _	Signature, typed or printed name of regi	stered agent and t	itle if applicable. (NOT	E: Registere	d Agent signature re	quired when reinstating)		DATE			
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MEM COLTY-ST-2P REDDICK FL 32686  TITLE MEM CASHANHOLZ, ALFRED STREET RD. STREET ADDRESS CITY-ST-2P REDDICK FL 32686  TITLE MEM CASHANHOLZ, ALFRED STREET RD. STREET ADDRESS CITY-ST-2P				T	OWILL	EEE 10 050 1	00		·			
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

<u>Equined</u>

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE