


**\*2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000007951</b> 1. Entity Name <b>R &amp; R ENTERPRISES, LLC</b>	
---	---

Principal Place of Business <b>5098 MAHOGANY RIDGE DR NAPLES, FL 34119-2528</b>	Mailing Address <b>5098 MAHOGANY RIDGE DR NAPLES, FL 34119-2528</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3725351</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**ROBERTSON, BLANE  
5098 MAHOGANY RIDGE DR  
NAPLES, FL 34119-2528**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, BLANE B 5098 MAHOGANY RIDGE DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH-ROBERTSON, VICTORIA 5098 MAHOGANY RIDGE DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000447687  
03/08/06-80088-001 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  2/27/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #