ANNUAL REPORT (AR)

SIGNATURE:

## FILED DOCUMENT # L01000017154 Feb 26, 2004 08:00 AM 1. Entity Name **Secretary of State** "RT" SQUARE LLC Principal Place of Business Mailing Address C/O RICHARD TOOMEY C/O RICHARD TOOMEY 2971 NE 15 TERR. 2971 NE 15 TERR. OAKLAND FL 33334 OAKLAND FL 33334 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 65-1149039 Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOOMEY, RICHARD J 2971 NE 15 TERR. Street Address (P.O. Box Number is Not Acceptable) OAKLAND FL 33334 City 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, typod or primed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE Change Addition TITLE Defete U00000067623 NAME TOOMEY, RICHARD NAME 02/27/04-80006-024 50.00 STREET ADDRESS STREET ADDRESS 2971 NE 15 TERR. CITY-ST-ZIE OAKLAND FL 33306 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Uelete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CRY-ST-ZP Addition BILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition Delete TITLE 7#TLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP C37Y-ST-73P 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 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE