



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90028 027 ****50.00

DOCUMENT # L02000001184 1. Entity Name RL, L.L.C.					
Principal Place of Business 1025 FLAMEVINE LANE, SUITE 3 VERO BEACH, FL 32963				Mailing Address 1025 FLAMEVINE LANE, SUITE 3 VERO BEACH, FL 32963	
2. Principal Place of Business 1101 18TH PLACE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1477 Suite, Apt. #, etc.			
City & State VERO BEACH, FL		City & State VERO BEACH, FL		4. FEI Number 01-0564954	
Zip 32960		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOHUIS, NEAL R 1025 FLAMEVINE LANE SUITE 3 VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name LOHUIS, NEAL R. Street Address (P.O. Box Number is Not Acceptable) 1101 18TH PLACE City VERO BEACH FL Zip Code 32960	
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 <u><i>Neal R. Lohuis</i></u> DATE <u>4/21/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, ROY H 1025 FLAMEVINE LANE, SUITE 3 VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, ROY H. 1101 18TH PLACE VERO BEACH, FL 32960
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <u><i>Roy H. Lambert</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Roy H. Lambert		4/21/05 (772) 778-8240 <small>Date Daytime Phone #</small>