


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90042 008 ****50.00

DOCUMENT # L02000001184 1. Entity Name RL, L.L.C.					
Principal Place of Business 1101 18TH PLACE VERO BEACH, FL 32960			Mailing Address P.O. BOX 1477 VERO BEACH, FL 32961		
2. Principal Place of Business - No P.O. Box # 2935 20th Street		3. Mailing Address 2935 20th Street			
Suite, Apt. #, etc.		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 1101 18TH PLACE VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name LOHUIS, NEAL R. Street Address (P.O. Box Number is Not Acceptable) 2935 20TH STREET 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		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 1101 18TH PLACE VERO BEACH, FL 32960		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMBERT, ROY H. 2935 20TH STREET VERO BEACH, FL 32960	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: <i>Roy Lambert</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Roy H. Lambert Managing Member		4/19/07 <small>Date</small>
			(772) 778-8240 <small>Daytime Phone #</small>		