

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002074

FILED
Jan 11, 2005
Secretary of State

Entity Name: R STRONG, L.L.C.

Current Principal Place of Business:

37 COASTAL OAKS CIRCLE
PONCE INLET, FL 32127

New Principal Place of Business:

4867 SAILFISH DRIVE
PONCE INLET, FL 32127

Current Mailing Address:

37 COASTAL OAKS CIRCLE
PONCE INLET, FL 32127

New Mailing Address:

4867 SAILFISH DRIVE
PONCE INLET, FL 32127

FEI Number: 04-3601111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVELLE, ROBERT L
37 COASTAL OAKS CIRCLE
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

LAVELLE, ROBERT L
4867 SAILFISH DRIVE
PONCE INLET, FL 32127 US

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.

SIGNATURE: _____

01/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ROBERT, LAVELLE L
Address: 37 COASTAL OAKS CIRCLE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: BARBARA, LAVELLE J
Address: 37 COASTAL OAKS CRICLE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: HURD, MICHAEL J
Address: 4968 SOUTH PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM () Delete
Name: HURD, ROBYN G
Address: 4968 SOUTH PENINSULA DRIVE
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBERT, LAVELLE L
Address: 4867 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: MGRM (X) Change () Addition
Name: BARBARA, LAVELLE J
Address: 4867 SAILFISH DRIVE
City-St-Zip: PONCE INLET, FL 32127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT L. LA VELLE

PRES

01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date