

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002074

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

FILED  
Jan 11, 2005  
Secretary of State

**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