


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000002074 1. Entity Name R STRONG, L.L.C.	
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Principal Place of Business 4867 SAILFISH DRIVE PONCE INLET, FL 32127	Mailing Address 4867 SAILFISH DRIVE PONCE INLET, FL 32127
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02012007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3601111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000620810
02/09/07-80051-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT, LAVELLE L 4867 SAILFISH DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARBARA, LAVELLE J 4867 SAILFISH DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURD, MICHAEL J 4968 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURD, ROBYN G 4968 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *[Signature]* **DATE:** 1/31/07 **Daytime Phone #:** 786-763-19

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #