2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUM 1. Entity Name	MENT # L0200000970		Jan 23, 2004 08:00 AM Secretary of State					
R & S AM	OS, L.L.C.			7				
Principal Place	of Business	Mailing Address	-	_				
3513 INDIAN EUSTIS FL 3	I TRAIL 2726	PO BOX 350070 GRAND ISLAND FL 327	35					
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt	# etc.	Suite, Apt #, etc.			MOORE	CR2E083 (11/03)	
Suite, Apt # etc. City & State		City & State		4. FEI Numb	er 45-0479509		1 1	olied Fo
Zip	Country	Zip	Country	5. Certificate	of Status Desired		.00 Addi Required	
	6. Name and Address of Current F	egistered Agent		7. Name an	d Address of New Re	gistered Age	nt	
	20 DOMALD !		Name					
AMC 351:	OS, RONALD L 3 INDIAN TRAIL	Street Addre		ss (P.O. Box Numb	per is Not Acceptable)	<u> </u>		
	TIS FL 32726							
			City				Zıp Code	<u> </u>
					all to the Ocean of Sta	FL	_	
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistered office of regis	stered agent, or b	otn, in the State of Fiol	ida. Tamiam	iliai wilii, a	and acc
SIGNATURE.						DATE		
Į.	Signature, typed or printed name of registered agent a	og titte it applicable (NOTE	Registered Agent signature requ	nted when (einstailing)		DATE		
			WHITE IO ATO A	•				
		Make Check Payable	W!!! FEE IS \$50.0 e to Florida Departr By May 1, 2004	1				
9.	MĀNAĢĪNG MEMBEI	Make Check Payable Due	e to Florida Departr	1	ADDITIONS/	CHANGES		
9. TITLE	MANAGING MEMBE MGR	Make Check Payable Due	e to Florida Departr By May 1, 2004	1	ADDITIONS/			<u> </u>
TITLE NAME	MGR AMOS, RONALD L	Make Check Payable Due	e to Florida Departr By May 1, 2004	nent of State		=====================================	-	<mark>∏</mark> A∂
TITLE	MGR AMOS, RONALD L 3513 INDIAN TRL	Make Check Payable Due	e to Florida Departr By May 1, 2004	nent of State	ADDMONS/ U00000011 01/23/04-800	=====================================	Change	□ A.
TITLE NAME STREET ADDRESS	MGR AMOS, RONALD L	Make Check Payable Due	e to Florida Departr By May 1, 2004 10. TITLE NAME STREET ADDRESS	nent of State		884 55-018 5	-	A
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-21-04 352-589-04
Date Dayline Phone *

FILED