

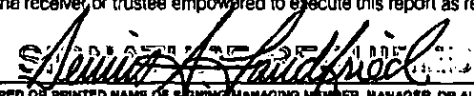


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

5/8/

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90078 040 \*\*\*\*50.00

<b>DOCUMENT # L02000020730</b>			
1. Entity Name <b>R &amp; D PROPERTIES, LLC</b>			
Principal Place of Business <b>5380 FAIRFIELD WAY FORT MYERS FL 33919</b>		Mailing Address <b>5380 FAIRFIELD WAY FORT MYERS FL 33919</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CONNELLY, ROWAN T 5380 FAIRFIELD WAY FORT MYERS FL 33919</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 		DATE <b>4/20/03</b>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MANAGING MEMBER</b>	<input type="checkbox"/> Delete	TITLE <b>MANAGING MEMBER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DENNIS LANDFRIED</b>		NAME <b>ROWAN CONNELLY</b>	
STREET ADDRESS <b>5322 NAUTILUS DRIVE</b>		STREET ADDRESS <b>5380 FAIRFIELD WAY</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33904</b>		CITY-ST-ZIP <b>FORT MYERS, FL 33919</b>	
TITLE <del>MANAGING MEMBER</del>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		DATE <b>4/20/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <b>239-466-2510</b>	

CR2E083 (10/02)