-2005 LIMITED LIABILITY COMPANY - ANNUAL REPORT

Jul 14, 2005 08:00 AM Secretary of State **DOCUMENT # L02000023778** 1. Entity Name RCBR, L.L.C. Principal Place of Business Mailing Address 1309 GORDON RD. 1309 GORDON RD. PLANT CITY, FL 33566 PLANT CITY, FL 33566 01052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 30-0107184 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent ROWELL, ROGER LEE DO NOT WRITE 1309 GORDON RD. PLANT CITY, FL 33566 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable. (NOTE, Renistered Agent signature required when reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS IIILE ROWELL, ROGER L NAME STREET ADDRESS 1309 GORDON DR. CITY-ST-ZIP PLANT CITY, FL 33566 U00000372806 707/14/05-80008-003 55.00 DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

FILED

11. I hereby certify that the information supplied with this filling closs 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Ske See Course Roger 1 Rowell 6-31-05 813-719-8137

RIGHATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Object Objects