


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024939 1. Entity Name RDRS, LLC	
---	---

Principal Place of Business 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832	Mailing Address 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832
---	---



01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1428697	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 RUSSELL, DOUGLAS R 11507 NORTH SHORE GOLF CLUB BLVD. ORLANDO, FL 32832

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUSSELL, DOUGLAS R 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOWD, JAMES 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAFFO, CHARLES 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECRIST, ROBERT C III 11507 NORTH SHORE GOLF CLUB BLVD ORLANDO, FL 32832
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000098570
03/29/04-80046-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #