


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90448 021 \*\*\*\*50.00

|   |   |     |   |   |  |
|---|---|-----|---|---|--|
| <b>DOCUMENT # L02000025804</b>  |   |     |   |    |  |
| 1. Entity Name<br><b>R &amp; L PROPERTIES, LLC</b>  |   |     |   |   |  |
| Principal Place of Business<br><b>4776 RADIO RD., #804<br/>NAPLES, FL 34104</b>   |   |     | Mailing Address<br><b>4776 RADIO RD., #804<br/>NAPLES, FL 34104</b> |   |  |
| 2. Principal Place of Business  |   |     | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |   |     | Suite, Apt. #, etc.   |   |  |
| City & State  |   |     | City & State  |   |  |
| Zip   | Country   | Zip | Country   | 4. FEI Number<br><b>56-2297726</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |     |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>PLOSKI, LARRY R<br/>4776 RADIO RD., #804<br/>NAPLES, FL 34104</b>   |   |     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |     |   |   |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |   |     | Make check payable to<br>Florida Department of State                |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |     | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PLOSKI, ROBERT<br>4776 RADIO RD., #804<br>NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>PLOSKI, LARRY<br>4776 RADIO RD., #804<br>NAPLES, FL 34104 <input type="checkbox"/> Delete             |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | MGRM<br>Jacqueline M. Ploski<br>4776 Radio Rd #804<br>Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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: <u>LARRY R. PLOSKI</u> 4/16/04 239-353-3677  |   |     |   |   |  |

**24049630**



01082004 Chg-LLC CR2E083 (10/03)

**\$5.00 Additional  
Fee Required**