

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026462

Entity Name: RGR INVESTMENTS LLC

FILED  
Feb 16, 2005  
Secretary of State

**Current Principal Place of Business:**

2612 GREEN ACRES RD.  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

2612 GREEN ACRES RD.  
APOPKA, FL 32703

**New Mailing Address:**

FEI Number: 48-1279032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLAYMAKER, RISHA C  
2612 GREEN ACRES RD.  
APOPKA, FL 32703 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PINKNEY, GREGORY D  
Address: 37102 CR 439  
City-St-Zip: EUSTIS, FL 32736

Title: MGRM ( ) Delete  
Name: PINKNEY, RONALD C  
Address: 37130 CR 439  
City-St-Zip: EUSTIS, FL 32736

Title: MGRM ( ) Delete  
Name: SLAYMAKER, RISHA C  
Address: 2612 GREEN ACRES RD  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RISHA C SLAYMAKER

MGRM

02/16/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date