## 2008 LIMITED LIABILITY COMPANY

## **FILED** Feb 08, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # L02000028251 1. Entity Name R&D MEDITERRANEAN, LLC Principal Place of Business Mailing Address 14895 BELLEZZA LN 14895 BELLEZZA LN NAPLES, FL 34110 NAPLES, FL 34110 01312008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 81-0576956 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRABINSKI, MATTHEW L. ESQ. DO NOT WRITE 4001 TAMIAMI TRAIL NORTH **STE 300** IN THIS SPACE NAPLES, FL 34103 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 FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS MGR TITLE R & D MANAGERS, LLC NAME STREET ADDRESS 14895 BELLEZZA LN CITY-ST-ZIP NAPLES, FL 34110 TITLE NAME 027/19/08/800205007/1 STREET ADDRESS .CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE