

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000035090

1. Entity Name

RSG 1013, LLC



Principal Place of Business

4905 WEST LAUREL STREET
SUITE 200
TAMPA, FL 33607 US

Mailing Address

4905 WEST LAUREL STREET
SUITE 200
TAMPA, FL 33607 US



02222005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2324767

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER WHIRE BOGGS BANKER, PA
C/O E. JACKSON BOGGS
501 E. KENNEDY BLVD., STE. 1700
TAMPA, FL 33602

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
GIUNTA, GRACE G
3203 BAYSHORE BOULEVARD, #1101
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
GIUNTA, RICHARD S
3203 BAYSHORE BOULEVARD, #1102
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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CITY - ST - ZIP

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05/02/05-80082-006 50.00

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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

John P. Baumann Jr CPA 4/27/05

Date

Daytime Phone #