

FILED
May 30, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90275 026 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000035151

1. Entity Name
 RTN LLC



44002938

Principal Place of Business
 C/O GEORGE FAMILGIO, JR.
 1634 MAIN STREET
 SARASOTA, FL 34236

Mailing Address
 C/O GEORGE FAMILGIO, JR.
 1634 MAIN STREET
 SARASOTA, FL 34236



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3732810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
 777 SOUTH FLAGLER DRIVE, SUITE 600 EAST
 WEST PALM BEACH, FL 33401

Name
 GEORGE V FAMILGIO, JR., CPA
 Street Address (P.O. Box Number is Not Acceptable)
 1634 MAIN STREET

City
 SARASOTA, FL Zip Code
 34236

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 and printed below in addition to name and title if applicable.

(NOTE: Registered Agent's signature should appear with filing)

4/22/03

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MRG KEN SLATERT 1634 MAIN STREET SARASOTA, FL 34236	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Original Filed #

4/28/03 941 957 075

CR2003 (10/02)