

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 033 ****50.00

DOCUMENT # L03000009449 1. Entity Name RED'S RUSTY ROOSTER, L.L.C.	
--	---

Principal Place of Business 1515 ST. ANDREWS BLVD PANAMA CITY, FL 32405	Mailing Address PO BOX 1307 PANAMA CITY, FL 32402
---	---

DO NOT WRITE IN THIS SPACE



06292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2085599	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, CLIFFORD E
 324 E. BEACH DR., UNIT 600
 PANAMA CITY, FL 32401

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WN HOLLAND, CLIFFORD E 324 E. BEACH DR. UNIT 600 PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WN HOLLAND, BETH G 324 E. BEACH DR UNIT 600 PANAMA CITY, FL 32402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Beth G. Holland BETH G. Holland 6-29-05 850-763-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #