


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000011105</b>	
1. Entity Name R & S CAPITAL VENTURES, LLC	

Principal Place of Business P.O. BOX 1550 SANIBEL, FL 33957 US	Mailing Address P.O. BOX 1550 SANIBEL, FL 33957 US
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**DO NOT WRITE IN THIS SPACE**



04192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2334327	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

MOSNEY, RUDOLF  
1342 COLONIAL BLVD  
SUITE 27  
FORT MYERS, FL 33907

**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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSNY, RUDOLF P.O. BOX 1550 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENNING, RHONDA 1342 COLONIAL BLVD STE 27 FORT MYERS, FL 33907
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04/23/05-80051-021 50.00

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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:** *Rhonda Henning* *4/19/05* *251/931-7676*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #