

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011105

Entity Name: R & S CAPITAL VENTURES, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 1550
SANIBEL, FL 33957 US

New Principal Place of Business:

1342 COLONIAL BLVD
D-27
FORT MYERS, FL 33907 US

Current Mailing Address:

P.O. BOX 1550
SANIBEL, FL 33957 US

New Mailing Address:

1342 COLONIAL BLVD
D-27
FORT MYERS, FL 33907 US

FEI Number: 56-2334327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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.

SIGNATURE:

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOSNY, RUDOLF
Address: P.O. BOX 1550
City-St-Zip: SANIBEL, FL 33957 US

Title: S () Delete
Name: HENNING, RHONDA
Address: 1342 COLONIAL BLVD STE 27
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HENNING, RHONDA
Address: 1342 COLONIAL BLVD STE D-27
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUDOLF MOSNY

MGRM

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date