


### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90041 026 \*\*\*\*50.00

<b>DOCUMENT # L03000013870</b> 1. Entity Name ROR, LLC	
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Principal Place of Business P.O. BOX 590 BRANDON, FL 33509	Mailing Address P.O. BOX 990 BRANDON, FL 33509
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20051010



04052005 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RAYMOND, J. PAUL 625 COURT STREET, STE. 200 CLEARWATER, FL 33758	<b>DO NOT WRITE IN THIS SPACE</b>
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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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and FEI # applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAMONTE, NANCY C TRUSTEE 2118 OAK HILL DRIVE VALRICO, FL 335944613
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Nancy C Rayburn - Lamonte Nancy C. Rayburn 4-27-05 813-689-0004  
SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #