


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-12-2004 90227 004 ****50.00

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DOCUMENT # L03000016903					
1. Entity Name R/L, LLC					
Principal Place of Business 712 SOUTH RT. 27/441 LADY LAKE, FL 32159			Mailing Address 712 SOUTH RT. 27/441 LADY LAKE, FL 32159		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1160003	
				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			7. Name and Address of New Registered Agent		
MOUSSETTE, RONALD JR. 712 SOUTH RT. 27/441 LADY LAKE, FL 32159			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE President <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Ronald Moussette				NAME	
STREET ADDRESS 38 Big Buck Trail				STREET ADDRESS	
CITY-ST-ZIP Ormond Beach, FL 32174				CITY-ST-ZIP	
TITLE Vice President <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Ronald B. Moussette, Jr.				NAME	
STREET ADDRESS 340 Ridgewood Drive				STREET ADDRESS	
CITY-ST-ZIP Fruitland Park, FL 34731				CITY-ST-ZIP	
TITLE Secretary <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Jane Moussette				NAME	
STREET ADDRESS 38 Big Buck Trail				STREET ADDRESS	
CITY-ST-ZIP Ormond Beach, FL 32174				CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>R. Moussette</i>				3-1-04 3547505370	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	