

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000022186

1. Entity Name

R&M PROPERTIES OF PENSACOLA, LLC



Principal Place of Business

**4521 BOHEMIA DRIVE
PENSACOLA, FL 32504**

Mailing Address

**4521 BOHEMIA DRIVE
PENSACOLA, FL 32504**



01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1672573

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LERMAN, MARTIN I DR
4521 BOHEMIA DRIVE
PENSACOLA, FL 32504**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	LERMAN, MARTIN I DR
STREET ADDRESS	4521 BOHEMIA DRIVE
CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	MGR
NAME	ECKERLEIN, RONALD F DR
STREET ADDRESS	2721 DUNSINANE ROAD
CITY - ST - ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**1100000184496
01/20/05-80031-019 50.00**

**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:

R. A. Eckerlein

1-12-05-850-433-2524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #