2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# L03000022488

Entity Name: R.R.S., LLC

Current Principal Place of Business:

2411 SE 27TH STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2411 SE 27TH STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 74-3097013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RUNAGER, BRENAN
5411 SE 27TH ST.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: RUNAGER, BRENAN W
Address: 2411 SE 27TH ST
City-St-Zip: OCALA, FL 34471

Title: MGRM ( ) Delete
Name: SHELNUTT, MARK D
Address: 724 SE 15TH TERRACE
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: GILLUM, CRAIG
Address: 1520 SE 24TH AVE
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BRENAN RUNAGER MGRM 05/02/2005

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