


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000025074</b> 1. Entity Name RPG OF ESTUARY, LLC	
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Principal Place of Business 639 GULF SHORES BLVD. N. NAPLES, FL 34102	Mailing Address 639 GULF SHORES BLVD. N. NAPLES, FL 34102
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04262005 No Chg-LLC

CP2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0127022	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  CLASP INC. 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103
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<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.

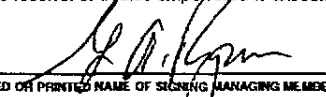
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYAN, GERALD A 639 GULF SHORES BLVD. N. NAPLES, FL 34102
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<p>U00000356205 05/04/05-80026-009 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **4/28/05 2394363867**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**G. A. RYAN**