

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032798

Entity Name: RR OF BAY COUNTY, LLC

FILED
May 01, 2004
Secretary of State

Current Principal Place of Business:

250 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

250 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 29-6620327

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLIN, CHRISTINE L
250 ESCANABA AVE.
PANAMA CITY BEACH, FL 32413

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MCLAUGHLIN, CHRISTINE L PRES
Address: 250 ESCANABA AVE.
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: MGR () Change (X) Addition
Name: ALLEN, CARL E V P
Address: 101 MONTE PALO AVE
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: MGR () Change (X) Addition
Name: OAKES, JASON SEC
Address: 21020 S LAKEVIEW DR
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

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: CHRISTINE L MCLAUGHLIN

MGR

05/01/2004

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