2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 22, 2004 8:00 am
Secretary of State
03-23-2004 90072 002 ****50.00

34009446

MOORE CR2E083 (11/03)

DOCUMENT # L03000035073

1. Entity Name
R & R, LLC

Principal Place of Business	Mailing Address
251 CRANDON BLVD., #623 KEY BISCAYNE FL 33149	116 WEST LEE ST. BALTIMORE MD 21201

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 77-0626402 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~NANCY STONER, ATTORNEY AT LAW, P.A.~~
~~240 CRANDON BLVD.~~
~~SUITE 273~~
~~KEY BISCAYNE FL 33149~~

7. Name and Address of New Registered Agent

Name: Marian L. Hasty
Street Address (P.O. Box Number Is Not Acceptable): Cruther & Hasty P.L.
370 Minorca Ave Ste 21
City: Coral Gables FL Zip Code: 33134

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] 7/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM REAVES, H. FRANCES 116 WEST LEE ST. BALTIMORE MD 21201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RIGGLE, ANNE R 2809 BOSTON ST. #402 BALTIMORE MD 21224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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)(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: H. Frances Reaves 2-19-04 410-852-0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #