

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90129 030 ****50.00

DOCUMENT # L03000037583					
1. Entity Name R & N HOLDINGS, LLC					
Principal Place of Business 5840 14TH AVENUE, N.W. NAPLES, FL 34119			Mailing Address 5840 14TH AVENUE, N.W. NAPLES, FL 34119		
2. Principal Place of Business 5840 SHADY OAKS LANE Suite, Apt. #, etc.			3. Mailing Address 5840 SHADY OAKS LANE Suite, Apt. #, etc.		
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 01162004 Chg-LLC CR2E083 (10/03)	
Zip 34119		Country COLLIER		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHARLACKEN, LORNA J PELICAN BAY CORPORATE CENTER 5551 RIDGEWOOD DR. STE. 405 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTTO, GAIL A 5840 14TH AVENUE, N.W. NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5840 SHADY OAKS LANE NAPLES, FL 34119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <i>[Signature]</i>			DATE 4-29-04 Daytime Phone 234-504-0501		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					