

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVAL
AND
FILED

05 JUN 20 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05312005 Chg-LLC CR2E083 (10/03) (u)

DOCUMENT # L03000037773					
1. Entity Name R & R ABARBANEL, L.L.C.					
Principal Place of Business 3524 TRILLIUM COURT TALLAHASSEE, FL 32312			Mailing Address 3524 TRILLIUM COURT TALLAHASSEE, FL 32312		
2. Principal Place of Business 961 Woodville Highway Suite, Apt. #, etc.			3. Mailing Address 961 Woodville Highway Suite, Apt. #, etc.		
City & State Crawfordville, FL			City & State Crawfordville, FL		
Zip 32327		Country Wakulla		Zip 32327	
				Country United States	
4. FEI Number 200631793 APPLIED FOR				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 ABARBANEL, RITA 3524 TRILLIUM COURT TALLAHASSEE, FL 32312			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 6.5.05 (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABARBANEL, RITA 3524 TRILLIUM COURT TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700056731767 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/30/05--01003--007 **200.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABARBANEL, ROY 3524 TRILLIUM COURT TALLAHASSEE, FL 32312 <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		
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:			6.17.05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		