

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90001 040 ****50.00

DOCUMENT # L03000040322

1. Entity Name
RG PROPERTIES, LLC



Principal Place of Business
7172 49TH STREET NORTH
PINELLAS PARK, FL 33781

Mailing Address
7172 49TH STREET NORTH
PINELLAS PARK, FL 33781

2. Principal Place of Business

3. Mailing Address

10265 Gandy Blvd
Suite, Apt. #, etc.
#1306

P.O. Box 56256
Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip Country
33702 USA

Zip Country
33732 USA

05042004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0316663

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RG PROPERTIES, LLC -
7172 49TH STREET NORTH
PINELLAS PARK, FL 33781

Name Richard Saunders
Street Address (P.O. Box Number is Not Acceptable)

10265 Gandy Blvd #1306
City St Petersburg FL Zip Code 33702

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 *R Saunders*

5/4/04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LINDNER, GEORGE H
STREET ADDRESS 400 HARBOR PLACE DRIVE, #1458
CITY-ST-ZIP TAMPA, FL 336020000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SAUNDERS, RICHARD
STREET ADDRESS 10265 GANDY BLVD., APT. 1306
CITY-ST-ZIP ST. PETERSBURG, FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

R Saunders

5/4/04

727-455-6114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #