


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90102 040 \*\*\*\*50.00

**DOCUMENT # L03000046097**

1. Entity Name  
 RRM, LLC.



Principal Place of Business : Mailing Address  
 444 SOUTH HULL STREET : 444 SOUTH HULL STREET  
 MONTGOMERY, AL 36104 US : MONTGOMERY, AL 36104 US

2. Principal Place of Business : 3. Mailing Address

Suite, Apt. #, etc. : Suite, Apt. #, etc.

City & State : City & State

Zip : Country : Zip : Country



*RCM*

01182005 Chg-LLC CR2E083 (10/03) **56-2416763**

4. FEI Number :  Applied For  
**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

MCGILL, ROBERT E III : Name  
 36008 EMERALD COAST PARKWAY : Street Address (P.O. Box Number is Not Acceptable)  
 SUITE 301 :  
 DESTIN, FL 32541 : 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.

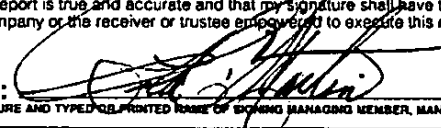
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGRM	MARTIN, RITA C	<input type="checkbox"/>			
STREET ADDRESS	444 SOUTH HULL STREET		STREET ADDRESS		
CITY-ST-ZIP	MONTGOMERY, AL 36104		CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  Date: 1/20/05 Daytime Phone # \_\_\_\_\_