


2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000048828</b> 1. Entity Name RHYTHM & BLUES ENTERPRISES, LLC	
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Principal Place of Business 211 NANDINA TERR. WINTER SPRINGS, FL 32708	Mailing Address 1170 TREE SWALLOW DR, PMB 311 WINTER SPRINGS, FL 32708
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**DO NOT WRITE IN THIS SPACE**

03282005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0439065	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

HUTCHINS, ROBERT J  
400 N WYMORE RD, STE 110  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

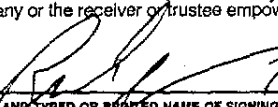
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES BROWN, BRENDA S 211 NANDINA TERRACE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, RICHARD C 211 NANDINA TERRACE WINTER SPRINGS, FL 32708
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03/31/05-80020-014 50.00

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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:**  Richard C. Brown 3/28/05 4073416025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #