

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000055897

1. Entity Name  
ROYALTIES R US, LLC



Principal Place of Business  
14378 CYPRESS ISLAND COURT  
PALM BEACH GARDENS, FL 33410

Mailing Address  
14378 CYPRESS ISLAND COURT  
PALM BEACH GARDENS, FL 33410



02072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0937834	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**

BIR, ALLAN C  
14378 CYPRESS ISLAND COURT  
PALM BEACH GARDENS, FL 33410

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BIR, ALLAN C
STREET ADDRESS	14378 CYPRESS ISLAND CIRCLE
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33410

TITLE	MGR
NAME	PIERCE, ROGER
STREET ADDRESS	2301 CRESCENT HOLLOW COURT
CITY-STATE-ZIP	SPRING, TX 77388

TITLE	MGR
NAME	BARBEE, LANNY
STREET ADDRESS	2301 CRESCENT HOLLOW COURT
CITY-STATE-ZIP	SPRING, TX 77388

TITLE	MGR
NAME	SALEWICZ, RICHARD J
STREET ADDRESS	3128 DONEGAL CIRCLE
CITY-STATE-ZIP	WESTFIELD, IN 46074

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/07/05-80095-005 50.00

**DO NOT WRITE  
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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)(f), 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: \_\_\_\_\_

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

2/24/05  
Date

(317)549-4290  
Daytime Phone #