

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90162 044 ****55.00

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1. Entity Name

R&R PROPERTIES, L.L.C.



Principal Place of Business

**309 SW ATLANTIS PLACE
FT. WHITE FL 32038**

Mailing Address

**309 SW ATLANTIS PLACE
FT. WHITE FL 32038**

20011037

2. Principal Place of Business

SAME ABOVE

Suite, Apt. #, etc.

3. Mailing Address

SAME ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-2041492

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STAFFORD, ROBIN E
309 SW ATLANTIS PLACE
FT. WHITE FL 32038**

7. Name and Address of New Registered Agent

Name

SAME

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

Robin E Stafford

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

(NOTE: Registered Agent signature required when reinstating)

2-11-05

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **STAFFORD, ROBIN E**
STREET ADDRESS **309 SW ATLANTIS PLACE**
CITY-ST-ZIP **FT. WHITE FL 32038**

TITLE **MGRM** ☐ Delete
NAME **STAFFORD, ROBERT A**
STREET ADDRESS **309 SW ATLANTIS PLACE**
CITY-ST-ZIP **FT. WHITE FL 32038**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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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:

Robin E Stafford

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

2-11-05

Date

386-497-3762

Daytime Phone #