2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 01, 2005 8:00 am **Secretary of State DOCUMENT # L04000009670** 02-01-2005 90118 009 ****50.00 1. Entity Name R.D. HOUSTON, LLC Principal Place of Business Mailing Address 9434 HWY 2301 9434 HWY 2301 YOUNGSTOWN, FL 32466 YOUNGSTOWN, FL 32466 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOUSTON, RANDALL D_ Street Address (P.O. Box Number is Not Acceptable)" 9434 HWY 2301 YOUNGSTOWN, FL 32466 City Zin 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 Signature, typed or printed name of registered agent and title 4 applicable. (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 MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition HOUSTON, RANDALL D NAME NAME STREET ADDRESS 9434 HWY 2301; STREET ADDRESS YOUNGSTOWN, FL 32466 CITY-SI-70P CDY-ST-79 MLE ☐ Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TTDF ☐ Delete TM F Addition NAME NAME STREET ADDRESS STREET AIXORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY+ST-7IP TITLE ☐ Delete ☐ Addition IIILE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CXTY-ST-20P COTY-ST-78P 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.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-31-05

FILED