

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015280

Entity Name: R.R.D.DEVELOPERS, LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

8359 BEACON BLVD
SUITE 510
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BLVD
SUITE 510
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 20-0776557 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERITAGE TAX & CONSULTING SERVICES
11220 METRO PARKWAY
#3
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: SHKOLNIK, DAVID
Address: 3521 QUAILS WALK
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR () Delete
Name: KUCHER, MOSHE
Address: 8930 COLONADES CT EAST
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: MGR () Delete
Name: KOFFLER, DANIEL
Address: 7313 ALBANY RD
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: KUCHER, MOSHE
Address: 6848 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33966 US

Title: MGR (X) Change () Addition
Name: KOFFLER, DANIEL
Address: 6864 BABCOCK STREET
City-St-Zip: FORT MYERS, FL 33966 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CATHY DIEHL

ASST

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date