


05-08-2006 90038 045 ****55.00

DOCUMENT # L04000016673

1. Entity Name

R. PATTERSON, LLC



Principal Place of Business

341 305 EAST LIVINGSTON STREET
MADISON FL 32340
US

Mailing Address

341 305 EAST LIVINGSTON STREET
MADISON FL 32340
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATTERSON, RONALD J
341 305 E. LIVINGSTONE STREET
MADISON FL 32340

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when registering)

DATE

5/22/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DELETE

10. ADDITIONS / CHANGES

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CHANGE

ADDITION

11. I hereby certify that the information supplied with this filing does not contain any false or misleading information and that the information is true and accurate and that my signature shall be a limited liability company or the receiver or trustee empowered to execute the same.

SIGNATURE

Signature, typed or printed name of signing managing member, manager, or authorized representative

DATE

Daytime Phone #