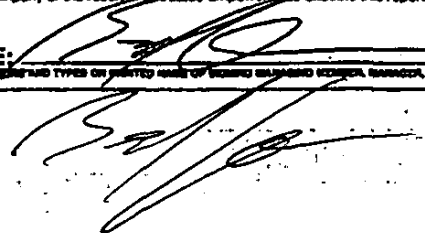


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/21/7
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FILED
Mar 18, 2005 8:00 am
Secretary of State

01-21-2005 90091 048 ****50.00

DOCUMENT # L04000023453			
1. Entity Name R & D SHED, L.L.C.			
Principal Place of Business 149 SHORE DRIVE PALM HARBOR, FL 34683		Mailing Address 149 SHORE DRIVE PALM HARBOR, FL 34683	
2. Principal Place of Business Subs, Apt. #, etc.		3. Mailing Address Subs, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. Certificate of Status Desired ☐		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S 1245 COURT STREET, STE. 102 CLEARWATER, FL 33758		7. Name and Address of New Registered Agent 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 _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
MANAGING MEMBERS/MANAGERS		ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 registered employee empowered to file this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		1-5-05 727-572-9202	
3-15-05 727-572-9202			