2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023301

Entity Name: RM SERVICES, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
72 WHITE MARSH LANE ROTONDA WEST, FL 339472179	

Current Mailing Address:	**New Mailing Address:**
72 WHITE MARSH LANE ROTONDA WEST, FL 339472179	

FEI Number: 41-2143750   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
WIDEIKIS, JOHN L ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTT, FL 339481088 US	KNAUF, MARK H 2230 S. MCCALL ROAD ENGLEWOOD, FL 34224 US

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: MARK KNAUF   07/16/2005
_____
          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	( ) Delete	Title:	PRES ( ) Change (X) Addition
Name:		Name:	ROBBINS, MARK
Address:		Address:	72 WHITE MARSH LANE
City-St-Zip:		City-St-Zip:	ROTONDA WEST, FL 33947
Title:	( ) Delete	Title:	VPRE ( ) Change (X) Addition
Name:		Name:	ROBBINS, RENEE
Address:		Address:	72 WHITE MARSH LAND
City-St-Zip:		City-St-Zip:	ROTONDA WEST, FL 33947

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK ROBBINS   PRES   07/16/2005
_____
          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date