2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000025809

1. Entity Name
RL PROPERTIES, LLC

Principal Place of Business	Mailing Address
1219 S.W. COVERED BRIDGE RD.	1219 S.W. COVERED BRIDGE RD.
PALM CITY, FL 34990	PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

01152005 No Chg-LLC   CR2E063 (10/03)

4. FEI Number	Applied For
13-4279515	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LOVOI, RAY
1219 S.W. COVERED BRIDGE RD.
PALM CITY, FL 34990

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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 reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

U000000182368
01/19/05-80024-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LOVOI, RAY
STREET ADDRESS	1219 S.W. COVERED BRIDGE RD.
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _Ray Lovoi_   JAN 15, 05   772-485-6157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #