

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-21-2006 90295 010 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L04000046360 1. Entity Name RPI-RITE DEVELOPMENT, LLC					
Principal Place of Business 5230 SW 91ST DRIVE SUITE C GAINESVILLE FL 32608			Mailing Address 5230 SW 91ST DRIVE SUITE C GAINESVILLE FL 32608		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 77-0640331 ☐ Applied For ☐ Not Applicable	
5. Name and Address of Current Registered Agent				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
LESLIE, ROGER W 5230 SW 91ST DRIVE SUITE C GAINESVILLE FL 32608				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 of registered agent or authorized representative (NOTE: Registered Agent signature required when (re)submitting) DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LESLIE, ROGER W 5230 SW 91ST DRIVE GAINESVILLE FL 32608 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREGLY, TERRANCE H 1801 NORTH MERIDIAN ROAD TALLAHASSEE FL 32303 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HEAD, MASON C 12351 HIGHWAY 188 GRAND BAY AL 36541 ☐ 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		
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 exemptions contained in Section 119, 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: 3-28-06 312-37686 Date Daytime Phone #					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					