

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000047396

Entity Name  
R0, LLC



Legal Place of Business  
NORTH DIXIE HIGHWAY, #5  
LAKE WORTH, FL 33460

Mailing Address  
818 NORTH DIXIE HIGHWAY, #5  
LAKE WORTH, FL 33460



01052000 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0513393

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STEVENS, CHRIS  
NORTH DIXIE HIGHWAY, #5  
LAKE WORTH, FL 33460

**DO NOT WRITE  
IN THIS SPACE**

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.

NATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

000000398462  
01/30/06-80095-016 50.00

**MANAGING MEMBERS/MANAGERS**

MGRM  
STEVENS, CHRIS  
818 NORTH DIXIE HIGHWAY #5  
LAKE WORTH, FL 33460

MGRM  
KAGAN, BERNARD  
5755 LAKEVIEW MEWS DRIVE  
BOYNTON BEACH, FL 33437

MGRM  
RAYMOND, PAUL  
103 GONDOLA DRIVE  
WEST PALM BEACH, FL 33415

ADDRESS  
ST- ZIP

ADDRESS  
ST- ZIP

ADDRESS  
ST- ZIP

ADDRESS  
ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Chris Stevens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/17/06 561 547-6000

CHRIS STEVENS