



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90048 043 \*\*\*\*50.00

<b>DOCUMENT # L04000049301</b> 1. Entity Name <b>RAG ENTERPRISES, LLC</b>					
Principal Place of Business <b>148 KEARNY AVENUE PERTH AMBOY, NJ 08861</b>				Mailing Address <b>148 KEARNY AVENUE PERTH AMBOY, NJ 08861</b>	
2. Principal Place of Business <b>15511 N. FLORIDA AVE.</b>				3. Mailing Address <b>P.O. BOX 341435</b>	
Suite, Apt. #, etc. <b>STE D</b>				Suite, Apt. #, etc. <b>P.O. BOX 341435</b>	
City & State <b>TAMPA, FL</b>				City & State <b>TAMPA, FL 33694</b>	
Zip <b>33613</b>		Country <b>HILLSBOROUGH</b>		Zip <b>33694</b>	
Country <b>HILLSBOROUGH</b>		4. FEI Number <b>20-1332528</b>			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ROLAND, DOUGLAS C 500 E. KENNEDY BLVD., STE. 200 TAMPA, FL 33602</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>10. ADDITIONS/CHANGES</b>					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>MGRM ROBIN ANDUJAR 148 KEARNY AVENUE PERTH AMBOY, NJ 08861</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:  ROBIN ANDUJAR</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <b>4/18/</b>		Daytime Phone # <b>813 968-7007</b>	