2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000051701

1. Entity Name
RPM FLORIDA, LLC

Principal Place of Business	Mailing Address
5747 SUGARWOOD COURT JUPITER, FL 33458	5747 SUGARWOOD COURT JUPITER, FL 33458

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01222006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1361779
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORRISON, RUSSELL C
5747 SUGARWOOD COURT
JUPITER, FL 33458

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RISLEY, ROBERT
STREET ADDRESS	P.O. BOX 413
CITY-ST-ZIP	FT. MYERS, FL 33902
TITLE	MGRM
NAME	POLANIS, ROBERT R
STREET ADDRESS	240 SAND KEY ESTATES DRIVE, UNIT 28
CITY-ST-ZIP	CLEARWATER, FL 33767
TITLE	MGRM
NAME	MORRISON, RUSSELL C
STREET ADDRESS	5747 SUGARWOOD COURT
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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02/02/06-80040-011 50.00

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11. 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: Russell C Morrison 1-20-06 561-252-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #