FEB-25-2005 FRI 11:18 AM RAY SMITH EXCAVATING FAX NO

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Secretary of State
01-26-2005 90058 039 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000052464

1. Entity Name
R & R HOMES OF SOUTHWEST FLORIDA, LLC

30000845

01102005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
7173 SW COUNTY ROAD 769 ARCADIA, FL 34269 US	7173 SW COUNTY ROAD 769 ARCADIA, FL 34269 US

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 20-1365760 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, RAYMOND J
7173 SW COUNTY ROAD 769
ARCADIA, FL 34269

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 _____ DATE

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

Filing Fee is $80.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SMITH, RAYMOND J 7173 SW COUNTY ROAD 769 ARCADIA, FL 34269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MONTGOMERY, RICHARD L 3403 GRAND VISTA COURT, UNIT 201 PORT CHARLOTTE, FL 33983	☐ 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
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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 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: _____ Date

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

Daytime Phone #