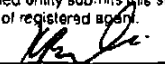
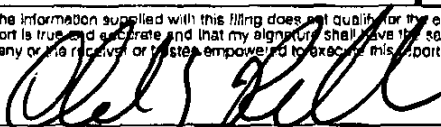


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000060483				06 FEB 20 AM 11:03 02142006 REIN-LLC CR2E101 (11/05)	
1. Entity Name R & W, LLC		Principal Place of Business 301 N. ATLANTIC AVENUE, UNIT 504 COCOA BEACH, FL 32931			
2. Principal Place of Business 170 St. Croix Avenue Suite, Apt. #, etc.		3. Mailing Address 170 St. Croix Avenue Suite, Apt. #, etc.			
City & State Cocoa Beach, FL 32931		City & State Cocoa Beach, FL 32931		4. FEI Number 20-1888434	
Zip	Country	Zip	Country	5. Certificate of Status Desired EX \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARSKI, KATHERINE A ESQ. C/O JOSEPH C. KEMPE, P.A. 941 NORTH HIGHWAY A1A JUPITER, FL 33477			7. Name and Address of New Registered Agent		
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.			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
SIGNATURE 			DATE 2-14-06		
FILE NOW!!! FEE IS \$100.00			In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLYDE KELLER FAMILY LIMITED PARTNERSHIP 301 N. ATLANTIC AVENUE, UNIT 504 COCOA BEACH, FL 32931 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLYDE KELLER FAMILY LIMITED PARTNERSHIP 170 St. Croix Avenue Cocoa Beach, FL 32931 ☒ 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	
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 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: 			2-14-06 (321) 799-4149		
SIGNATURE AND TYPED OR PRINTED NAME OF SHOWING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

Clyde Keller Family Limited Partnership

By: Clyde E. Keller, President of Keller Association, Inc.