2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

1. Entity Nan	MENT # L04000060 RMS, LLC)802					04-11-2	2005 9004	9 035 ***	**55.00	
Principal Plac	ce of Business	Mailing Address		*******			_				
2763 CANIE		P.O. BOX 280									
CAMPBELLTON, FL 32426 MARIANNA, FL 32447					ŀ						
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04032005	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State			4	. FEI Numb	°59 - 30	9498	5 AF	oplied For of Applicable	
Zip	Country Zip Cou		Coun	try	5	. Certificate	of Status Desired	×	\$5.00 Add		
	6. Name and Address of Current			Name	7	. Name and	Address of New	Registered .	Agent		
BONDURA	ANT FRANK F	ę.		Name							
BONDURANT, FRANK E 4450 LAFAYETTE STREET MARIANNA, FL 32446				Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
	*										
				City	FL Zip Code						
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or i	registered	agent, or bo	th, in the State of	Florida, I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered again	and title it applicable. (NO)	Ti. Dociniore	n Ao-at ao-a-				OATE		,	
			c. negisierec	a rigant signatur	re required whe	m realistativity)	17 k				
Fi · D	iling Fee is \$50.00 ue by May 1, 2005		.c. nagasere	a rigani signadi	ie (adrita mue	п голаш куј	Ma	ake check p da:Departm	•	0	
9.	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBI		10.		ie required whe	п соныштуј	Ma Flori	ske check p	ent of State	8	
9. TITLE	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBI		10.		ie required whe	т	Ma Flori	ake check p da:Departm	ent of State		
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBI MGRM ENGLISH, DAVID R	ERS/MANAGERS	10. TITLE	: F			Ma Flori ADDITION	ake check p da:Departm	ent of State		
9. TITLE	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBI	ERS/MANAGERS	10. TITLE NAME STRE	: F		Rrie	Ma Flori	ake check p da Departm S/CHANGES	ent of State		
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM	ERS/MANAGERS	10. TITLE NAME STREE CITY-	E EET ADORESS - ST-ZIP	2321	Rrie	MADDITION ADDITION	ake check p da Departm S/CHANGES	ent of State		
9. THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL	ERS/MANAGERS	10. TITLE NAME STREE CITY- TITLE	E E ET ADDRESS - ST-ZIP	2321 Swen	Rrie Os, r	Marition ADDITION R ROAL SI 324	ake check p da: Departm S/CHANGES	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS	10. TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADORESS - ST-ZIP	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL	ERS/MANAGERS	10. TITLE NAME STREE CITY- TITLE NAME STREE	E E ET ADDRESS - ST-ZIP E E E ET ADDRESS - ST-ZIP	2321 Swen	Rrie 05,1	Marition ADDITION R ROAL SI 324	ake check pda: Departm	Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete	10. TITLE NAME STREE CITY TITLE NAME STREE CITY TITLE NAME NAME	E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete	10. TITLE NAME STREE CITY. TITLE NAME STREE CITY. TITLE NAME STREE STREE STREE	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change	Addition	
9. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete	10. TITLE NAME STREE CITY. TITLE NAME STREE CITY. TITLE NAME STREE STREE STREE	E E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E ET ADDRESS - ST-ZIP E E ST-ZIP E SET ADDRESS - ST-ZIP	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change	Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete Delete	10. TITLE NAME STREE CITY-	E E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP : E E ET ADDRESS -ST-ZIP : E ET ADDRESS	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete Delete	10. TITLE NAME STREE CITY. TITLE NAME STREE CITY. TITLE NAME STREE CITY. TITLE NAME STREE CITY.	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change Change	Addition Addition	
9. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete Delete	10. TITLE NAME STREE CITY- TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	E ET ADDRESS -ST-ZIP E E TADDRESS	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP E E ET ADDRESS	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change Change	Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY.	E ET ADDRESS -ST-ZIP E E TADDRESS	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change Change	Addition Addition	
9. THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete Delete Delete	10. TITLE NAME STREE CITY.	E ET ADDRESS -ST-ZIP E E ST-ZIP E E TADDRESS -ST-ZIP	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check pda: Departm	Change Change Change	Addition Addition Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete Delete Delete Delete	10. TITLE NAME STREE CITY	E ET ADDRESS -ST-ZIP E E ET ADDRESS	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ake check p da Departm S/CHANGES 60 7 6	Change Change Change	Addition Addition Addition Addition Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGRM ENGLISH, DAVID R 2763 CANIEHEAD ROAD CAMPBELLTON, FL 32426 MGRM LEBOEUF, MICHAEL 2763 CANIEHEAD ROAD	ERS/MANAGERS Delete Delete Delete Delete	10. TITLE NAME STREE CITY.	E ET ADDRESS -ST-ZIP E E ET ADDRESS	2321 Swen	Rrie 05,1	MADDITION ADDITION R ROA SI 324	ske check p da Departm S/CHANGES 60 V 6 The Company of the Comp	Change Change Change	Addition Addition Addition Addition Addition	

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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE