


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000065746</b> 1. Entity Name <b>R &amp; S PARTNERS, LLC</b>	
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Principal Place of Business <b>1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411</b>	Mailing Address <b>1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411</b>
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**DO NOT WRITE IN THIS SPACE**



04202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>52-2396943</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SHEFFIELD, JOSEPH A 1431 TROUT DRIVE PANAMA CITY BEACH, FL 32411</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

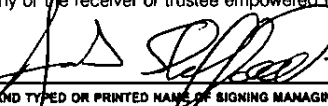
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000932102  
05/22/08-80042-002 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTS, GEORGE A 3510 FOX RUN BLVD. PANAMA CITY BEACH, FL 32411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM S & H ENTERPRISES, LLC 1431 TROUT DR PANAMA CITY, FL 32411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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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:**  **JOSEPH A. SHEFFIELD** **04-20-08** **850-233-0956**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #