## 2006 LIMITED LIABILITY COMPANY

## **FILED** May 24. 2006 08:00 AM

ANNUAL REPORT				Secretary of State	
1. Entity Name	MENT # L040000 R STREET, LLC	74731			ary or State
Principal Place 221 REID AVI PORT ST. JOE	ENUE	Mailing Address  221 REID AVENUE PORT ST. JOE, FL 324	56 US <sup>* -</sup>		15/8
D		TE IN THIS S	PACE	05222006 No Chg-LLC  4. FEt Number 76-0768457  5. Certificate of Status Desired	CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Que PAUL W II JRTH STREET JOE, FL 32456	rent Registered Agent		DO NOT WE	
SIGNATURE_	named entity submits this statements of registered agent.  Signature, wood or printed name of registered ing Fee is \$50.00 by September 6, 2006	<u> </u>	registered office or registe  E. Registered Agent signature require		da, 1 am familiar with, and accept 55385 80003-014 50.00
S.  TITLE NAME STREET ADURESS CITY-ST-INF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP	MANAGING ME MGR RISH, RALPH P 450 BLAKE DRIVE WEWAHITCHKA, FL 32465 MGR SMITH, JASPER L 221 REID AVENUE PORT ST. JOE, FL 32456	MBERS/MANAGERS		DO NOT WI	

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:

STREET ADDRESS CITY-ST-ZIP

URE: Jasper & South Stoney Stoney Branch Stoney Member, OR AUTHORIZED REPRESENTATIVE