
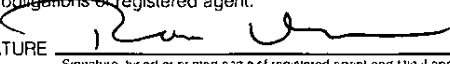
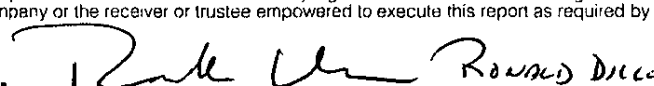


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000078140 1. Entity Name R&K DILLON ENTERPRISE, LLC					
Principal Place of Business 2120 W. HIGHWAY 44 INVERNESS FL 34453 US			Mailing Address 2120 W. HIGHWAY 44 INVERNESS FL 34453 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2130058	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DILLON, RON 2120 W. HIGHWAY 44 INVERNESS FL 34453				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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:  5/30/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: DILLON, RON STREET ADDRESS: 2120 W. HIGHWAY 44 CITY-ST-ZIP: INVERNESS FL 34453				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: U00000952473 06/04/08-80081-010 300.00	
TITLE: MGRM NAME: DILLON, KIM STREET ADDRESS: 2120 W. HIGHWAY 44 CITY-ST-ZIP: INVERNESS FL 34453				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 06/04/08-80081-010 300.00	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 06/04/08-80081-010 300.00				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 06/04/08-80081-010 300.00	
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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:  RONALD DILLON MANAGING MEMBER 5/30/08 352 697-2094					