


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90043 018 ****50.00

DOCUMENT # L04000078398	
1. Entity Name RUTHCO R & R, LLC	

Principal Place of Business P.O. BOX 16043 CLEARWATER, FL 33766-6943 US 1600 10TH ST. S STE 421 SAFETY HARBOR, FL 34695	Mailing Address P.O. BOX 16943 CLEARWATER, FL 33766-6943 US 1600 10TH ST. S STE 421 SAFETY HARBOR, FL 34695
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2. Principal Place of Business 1600 10th Street South Suite, Apt. #, etc. Ste 421 City & State Safety Harbor, FL Zip 34695 Country USA	3. Mailing Address 1600 10th Street South Suite, Apt. #, etc. Ste 421 City & State Safety Harbor, FL Zip 34695 Country USA
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01232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0824074	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RUTHCO R & R, INC. 2533 GULFBREEZE CIRCLE PALM HARBOR, FL 34683	7. Name and Address of New Registered Agent Name Howell, Richard W Street Address (P.O. Box Number is Not Acceptable) 4101 W. Euclid Ave City Tampa, FL Zip Code 33629
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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 **4/18/05**

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, RICHARD W 4101 W. EUCLID AVE. TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROW, ROBERT J 2533 GULFBREEZE CIRCLE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/18/05 727-723-3529