


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90040 018 ****55.00

DOCUMENT # L04000084266	
1. Entity Name RBP OF FLORIDA LLC	

Principal Place of Business 606 WEST YALE ORLANDO, FL 32804 US	Mailing Address 6 HUGHES ROAD BRIDGEWATER, NJ 08807
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2. Principal Place of Business 1107 Seville Place Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando, FL	City & State
Zip 32804	Country USA

08212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0823751	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUMONT, DANIEL R 606 WEST YALE ORLANDO, FL 32804

7. Name and Address of New Registered Agent	
Name Dumont, Daniel R	
Street Address (P.O. Box Number is Not Acceptable) 1107 Seville Place	
City Orlando	FL Zip Code 32804

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: Daniel R Dumont DATE: 8/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHONG, PAUL J 6 HUGHES ROAD BRIDGEWATER, NJ 08807 <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	MGRM DUMONT, DANIEL R 606 WEST YALE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dumont, Daniel R 1107 Seville Place Orlando, FL 32804
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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: Paul Chong DATE: 8/22/05 407-506-4441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE