# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000000096**

1. Entity Name
R B M SCOTT, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 1224 E. MADISON STREET<br>TAMPA, FL 33602 | 1224 E. MADISON STREET<br>TAMPA, FL 33602 |

## DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number<br>20-2328453 | Applied For<br>Not Applicable |
|---|---|

5. Certificate of Status Desired  ☐  **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCOTT, BRUCE
1224 EAST MADISON STREET
TAMPA, FL 33602

## 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

**Filing Fee is $50.00**
**Due by May 1, 2006**
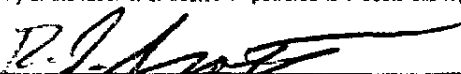
1111000451927
03/11/06 80006-006  55.00

**9. MANAGING MEMBERS/MANAGERS**

| TITLE | MGRM |
|---|---|
| NAME | SCOTT, ROBERT |
| STREET ADDRESS | 1224 E. MADISON STREET |
| CITY-ST-ZIP | TAMPA, FL 33602 |

| TITLE | MGR |
|---|---|
| NAME | SCOTT, BRUCE |
| STREET ADDRESS | 1224 E. MADISON STREET |
| CITY-ST-ZIP | TAMPA, FL 33602 |

| TITLE | MGRM |
|---|---|
| NAME | SCOTT, MARK |
| STREET ADDRESS | 1224 E. MADISON STREET |
| CITY-ST-ZIP | TAMPA, FL 33602 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## DO NOT WRITE IN THIS SPACE

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: _R.J. Scott_          2-27-06          (813) 229-1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #