



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90036 027 ****50.00

DOCUMENT # L05000005521 1. Entity Name RSM & JPH PROPERTIES, LLC					
Principal Place of Business 17086 CANARY LANE PORT CHARLOTTE, FL 33948			Mailing Address 17086 CANARY LANE PORT CHARLOTTE, FL 33948		
2. Principal Place of Business 15057 79 CT. NORTH Suite, Apt. #, etc.		3. Mailing Address 15057 79 CT NORTH Suite, Apt. #, etc.			
City & State LOXAHATCHEE, FL		City & State LOXAHATCHEE, FL		4. FBI Number EIN 20-2185849	
Zip 33470		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLEROY, RICHARD S 17086 CANARY LANE PORT CHARLOTTE, FL 33948				7. Name and Address of New Registered Agent Name JAMES PAUL HAPPL Street Address (P.O. Box Number is Not Acceptable) 15057 79 CT NORTH City LOXAHATCHEE FL Zip Code 33470	
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: <u><i>James Paul Happl</i></u> DATE: <u>1-8-06</u> <small>Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent Signature required when registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM MCLEROY, RICHARD S 17086 CANARY LANE PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HAPPL, JAMES 17086 CANARY LANE PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM HAPPL, JAMES PAUL 15057 79 CT NORTH LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-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 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: <u><i>James Paul Happl</i></u>				Date: <u>1-8-06</u> 561-753-4597	