2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 30, 2006 8:00 am
Secretary of State
05-17-2006 90090 022 ****50.00

DOCUMENT # L05000008563

1. Entity Name

R&N LOGGERHEAD, LLC

Principal Place of Business	Mailing Address
212 N. BAY HILLS BLVD. SAFETY HARBOR FL 34695	212 N. BAY HILLS BLVD. SAFETY HARBOR FL 34695

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
8135 Channel Dr	8135 Channel Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Richey FL	City & State: Port Richey FL
Zip: 34668 Country: USA	Zip: 34668 Country: USA

4. FEI Number: 20-2229774 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Robert E Baumrucker

Street Address (P.O. Box Number is Not Acceptable): 8135 Channel Dr.

City: Port Richey FL Zip Code: 34668

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: Robert E Baumrucker — DATE: 5-7-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	REAL ESTATE EXCHANGE SERVICES, INC.		NAME	Robert E Baumrucker	
STREET ADDRESS	212 N. BAY HILLS BLVD.		STREET ADDRESS	8135 Channel Dr	
CITY-ST-ZIP	SAFETY HARBOR FL 34695		CITY-ST-ZIP	Port Richey FL 34668	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert E Baumrucker — Date: 5-7-06 — Daytime Phone #: 727-847-6289

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE