


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90206 019 \*\*\*\*50.00

<b>DOCUMENT # L05000009577</b>					
1. Entity Name <b>R &amp; B LLC</b>					
Principal Place of Business <b>4628 ALAMANDA DRIVE MELBOURNE, FL 32940</b>			Mailing Address <b>4628 ALAMANDA DRIVE MELBOURNE, FL 32940</b>		
2. Principal Place of Business - No P.O. Box # <b>SAME AS</b>		3. Mailing Address <b>ABOVE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		



02192007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2297347</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BIRAN C HERNDON PA 800 VIRGINIA AVE 38-1 FORT PIERCE, FL 34982</b>		7. Name and Address of New Registered Agent Name <b>BERNARD L. FELDMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4628 ALAMANDA DRIVE</b> City <b>MELBOURNE</b> FL <b>32940</b>	
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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 *Bernard L. Feldman* (NOTE: Registered Agent signature required when reinstating) DATE *Feb. 19, 2007*

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FELDMAN, BERNARD L 4628 ALAMANDA DRIVE MELBOURNE, FL 32940</b> <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	<b>MGRM FELDMAN, RAMONA L 4628 ALAMANDA DRIVE MELBOURNE, FL 32940</b> <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
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

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: *Bernard L. Feldman* *Feb. 19, 2007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #