

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90144 050 ****50.00

DOCUMENT # L05000015578

1. Entity Name
RT PROPERTIES, LLC



Principal Place of Business
2105 STATE RD 44W
INVERNESS, FL 34452

Mailing Address
POB 2698
WINDERMERE, FL 34786

00003210



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1728173

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NELSON, JOHN A
2218 HIGHWAY 44 WEST
INVERNESS, FL

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
WEAVER, ROBERT R III
4309 S. BLUE WATER POINT
HOMOSASSA, FL 34448

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
DEGIROLAMI, RICHARD
7459 S.E. 12TH CIRCLE
OCALA, FL 34480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
ZACHAR, CHUCK
2100 S. BORDER AVE.
INVERNESS, FL 34452

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HERRON, MICHAEL
1132 S.E. KINGS BAY DRIVE
CRYSTAL RIVER, FL 34429

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: _____

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

Date

Daytime Phone #

1/19/07