

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000018418**

1. Entity Name  
**R & B HOUSING L.L.C.**



Principal Place of Business  
**715 JOHN ADAMS LANE  
WEST MELBOURNE, FL 32904**

Mailing Address  
**715 JOHN ADAMS LANE  
WEST MELBOURNE, FL 32904**



02282007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2383422**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**FULLEM, RANDALL C  
3580 BIG PINE ROAD  
MELBOURNE, FL 32934**

**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	MGRM
NAME	FULLEM, RANDALL C
STREET ADDRESS	3580 BIG PINE ROAD
CITY-STATE-ZIP	MELBOURNE, FL 32934
TITLE	MGRM
NAME	MASCHER, BRIAN
STREET ADDRESS	715 JOHN ADAMS LANE
CITY-STATE-ZIP	WEST MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000657149  
03/14/07-80052-015 55.00

**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:**

*Brian Mascher*

2-28-07

1-321-723-0055

1-321-733-0189

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

Date

Daytime Phone #