


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90033 001 \*\*\*100.00

<b>DOCUMENT # L05000020071</b> 1. Entity Name <b>R AND D PROPERTIES, LLC</b>					
Principal Place of Business <b>541 PEEPLES DRIVE PUNTA GORDA, FL 33950</b>			Mailing Address <b>541 PEEPLES DRIVE PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business <b>3300 Scenic View DR</b>		3. Mailing Address <b>3300 Scenic View DR.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Punta Gorda, FL</b>		City & State <b>Punta Gorda, FL</b>		4. FEI Number <b>261-15-9027</b>	
Zip <b>33950</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HENDRICKSON, DONNA M 541 PEEPLES DRIVE PUNTA GORDA, FL 33950</b>		7. Name and Address of New Registered Agent Name <b>Hendrickson, Donna M</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 SCENIC VIEW DR.</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</b>			
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 <b>Donna M. Hendrickson</b> <b>Richard A. Hendrickson</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDRICKSON, DONNA M 541 PEEPLES DRIVE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hendrickson, Donna M 3300 Scenic View DR. Punta Gorda, FL 33950
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDRICKSON, RICHARD A 541 PEEPLES DRIVE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hendrickson, Richard, A. 3300 Scenic View DR. Punta Gorda, FL 33950
		<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			
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: <b>Donna M. Hendrickson</b> <b>Richard A. Hendrickson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <b>7/10/06</b> Daytime Phone # <b>941-276-9604</b>					

Donna M. Hendrickson Richard A. Hendrickson