
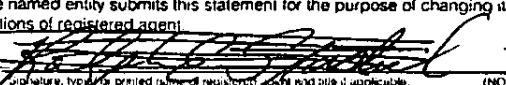
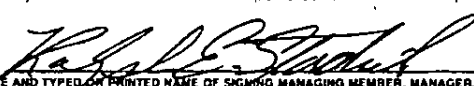


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-06-2006 90175 024 ****50.00

DOCUMENT # L05000020323 1. Entity Name R & R CONCRETE DESIGN & PAINTING LLC					
Principal Place of Business 123 PECAN PASS OCALA FL 34472			Mailing Address 123 PECAN PASS OCALA FL 34472		
2. Principal Place of Business Suite, Apt. #, etc. AS ABOVE City & State			3. Mailing Address Suite, Apt. #, etc. AS ABOVE City & State		
Zip 		Country		4. FEI Number 20-0408094	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
8. Name and Address of Current Registered Agent STADNIK, RALPH E 123 PECAN PASS OCALA FL 34472				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE _____ <small>(Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing.)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR STADNIK, RALPH E 123 PECAN PASS OCALA FL 34472	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERSEY, RYAN 5641 SE 24TH ST OCALA FL 34471	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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:  1-27-06 352.274.4136 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>					