



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90028 011 ****50.00

DOCUMENT # L05000023201					
1. Entity Name RDL, LLC					
Principal Place of Business 1452 WESTBROOK DRIVE SARASOTA, FL 34231			Mailing Address 1452 WESTBROOK DRIVE SARASOTA, FL 34231		
2. Principal Place of Business 464 Golden Gate Point Suite, Apt. #, etc. Apt. 601 City & State Sarasota, FL Zip 34236 Country USA		3. Mailing Address 464 Golden Gate Point Suite, Apt. #, etc. Apt. 601 City & State Sarasota, FL Zip 34236 Country USA			
4. FEI Number 20-2536724		03042006 Chg-LLC CR2E083 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WAGNER, E. JOHN-II 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: <u>Suplee & Shea P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>Attn: Norm Shea</u> <u>800 South Osprey Avenue</u> City: <u>Sarasota</u> <u>FL</u> Zip Code: <u>34236-7834</u>		
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: <u>Suplee & Shea P.A.</u> <u>SUPLEE + SHEA P.A.</u> <u>3/11/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert D. Lonsdale 464 Golden Gate Point Apt. 601 Sarasota, FL 34236 <input type="checkbox"/> Change <input checked="" 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: <u>Robert D. Lonsdale</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>3/5/06</u> <u>941-923-6501</u> <small>Date Daytime Phone #</small>		