2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 8:53

DOCUMENT # L05000032488

1. Entity Name
R.G. ENG. LLC

Principal Place of Business	Mailing Address
210 NW LISERON WAY PORT ST. LUCIE, FL 34986	210 NW LISERON WAY PORT ST. LUCIE, FL 34986
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03092006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-261-2401 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name: Richard Greenhalgh
Street Address (P.O. Box Number is Not Acceptable): 210 NW Liseron Way
City: Port St Lucie FL Zip Code: 34986

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: Richard Greenhalgh 7/5/2006
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE	MGR	☐ Delete
NAME	GREENHALGH, RICHARD	
STREET ADDRESS	210 NW LISERON WAY	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete
TITLE		☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
TITLE	04/03/06-90068-030-$50.00	☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
TITLE		☐ Change ☐ Addition
TITLE		☐ Change ☐ 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: Richard Greenhalgh 7/5/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #