2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

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1. Entity Name RT 41 LLC



Principal Place of Business

8228 N. DUVAL DRIVE CITRUS SPRINGS, FL 33434 Mailing Address

8228 N. DUVAL DRIVE CITRUS SPRINGS, FL 33434



01082007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4520088 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAYNOR L'AW FIRM, P.A. 14241 U.S. HIGHWAY ONE JUNO BEACH, FL 34408

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| 8. The | above named entity submits this statement for the purpose of cha obligations of registered agent. | anging its registered office or registered agent, or both, in the S | State of Florida. I am familiar with, and accept |
|--------|--|---|--|
| SIGNA | TURE | (NOTE: Registered Agent signature required when reinstating) | DATE |
| | Filing Fee is \$50.00 Due by May 1, 2007 | | · |
| 9. | MANAGING MEMBERS/MANAGERS | | |

9. MANAGING MEMBERS/MANAGERS

IIILE MGRM
STENGER, HERBERT
SIREET ADDRESS
CITY-S1-ZIP CITRUS SPRINGS, FL 33434

IIILE NAME
STREET ADDRESS
CITY-S1-ZIP

IIILE NAME
SIREET ADDRESS

U00000660217 03/19/07-80018-001 50.00

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11. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

)ate ___

Daylime Phone #