


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90299 007 ****50.00

DOCUMENT # L05000046186					
1. Entity Name RLD L.L.C.					
Principal Place of Business C/O CHRISTOPHER DANIELS 3410 SOUTH LIGHTNER DRIVE TAMPA, FL 33629			Mailing Address C/O CHRISTOPHER DANIELS 3410 SOUTH LIGHTNER DRIVE TAMPA, FL 33629		
2. Principal Place of Business <i>18026 BROWN ROAD</i>		3. Mailing Address <i>18026 BROWN ROAD</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>ODESSA FLORIDA</i>		City & State <i>ODESSA FLORIDA</i>		4. FEI Number <i>✓ 1-0543148</i>	
Zip <i>33556</i>		Country <i>H. US BOROVN</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DANIELS, CHRISTOPHER 3410 SOUTH LIGHTNER DRIVE TAMPA, FL 33629			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>18026 BROWN ROAD</i> City <i>ODESSA</i> <i>FL</i> Zip Code <i>33556</i>		
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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIELS, CHRISTOPHER 3410 SOUTH LIGHTNER DRIVE TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18026 BROWN ROAD</i> <i>ODESSA FL 33556</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIELS, ROBERT L 146 CARPHILL CIRCLE FRANKLAND, TN 37069	<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	
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: <i>[Signature]</i> <i>Christopher Daniels</i>			Date <i>4/3/06</i> Daytime Phone # <i>813-477-2045</i>		