

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056272

Entity Name: FLORIDA R&B, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

416 CHEROKEE DR
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

416 CHEROKEE DR
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-2960963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, RUSSELL L
416 CHEROKEE DR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROGERS, RUSSELL L
Address: 416 CHEROKEE DR
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: CAMPBELL, BRETT D
Address: 100 SOUTH EOLA DRIVE #1711
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Delete
Name: ARACE, DIRK
Address: 3563 TERRA OAKS CT
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM (X) Delete
Name: HOCHMAN, ERIC
Address: 2350 BROADWAY #531
City-St-Zip: NEW YORK, NY 10024

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUSSELL L ROGERS

P

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date