


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jul 03, 2006 8:00 am
Secretary of State

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| DOCUMENT # L05000079480 1. Entity Name RSPT GROUP LLC | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 19126 N HWY 301 DADE CITY, FL 33523 US | | Mailing Address 39051 WILDS ROAD DADE CITY, FL 33525 US | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. 39051 WILDS Rd | | 3. Mailing Address Suite, Apt. #, etc. P.O. Box 25 | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Dade City, FL | | City & State Dade City, FL | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33525 Pasco | | Zip 33526 Pasco | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 20-3299138 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 06162006 Chg-LLC CR2E083 (11/05) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent TEW, SYLVIA M 39051 WILDS ROAD DADE CITY, FL 33525 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <i>Sylvia M. Tew</i> (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TEW, ROBERT E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>39051 WILDS ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DADE CITY, FL 33525</td> <td></td> </tr> </table> | | TITLE | MGRM | <input type="checkbox"/> Delete | NAME | TEW, ROBERT E | | STREET ADDRESS | 39051 WILDS ROAD | | CITY-ST-ZIP | DADE CITY, FL 33525 | | 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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>Robert E. Tew</i> / Robert E. Tew Mgr 6/26/06 8137141154 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | |