2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2007 8:00 am
Secretary of State
01-23-2007 90057 003 ****50.00

DOCUMENT # L05000080329

1. Entity Name

R & S HOMES, LLC

Principal Place of Business	Mailing Address
3228 CHESTNUT COURT JACKSONVILLE FL 32259	3228 CHESTNUT COURT JACKSONVILLE FL 32259

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2950 Halcyon Lane	2950 Halcyon Lane
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Suite 203
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32223 Country: USA	Zip: 32223 Country:

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRESIDENTIAL SERVICES INCORPORATED
1217 CAPE CORAL PKWY.
#300
CAPE CORAL FL 33904

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR REYNOLDS, ANDY RALPH 3228 CHESTNUT COURT JACKSONVILLE FL 32259	☐ Delete	MGR Reynolds, Andy Ralph 2950 Halcyon Lane, Suite 203 Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGR SPOTTSWOOD, JUSTIN SHANE 4168 OXFORD AVE. JACKSONVILLE FL 32210	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 1/19/07 904-268-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #