

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093488

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: R & D OPTIONS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1640 CORSICA DR.  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

1640 CORSICA DR.  
WELLINGTON, FL 33414 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEAL, RICKY G  
1640 CORSICA DR.  
WELLINGTON, FL 33414 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: MGR ( ) Delete  
Name: NEAL, RICKY G  
Address: 1640 CORSICA DR.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR ( ) Delete  
Name: NEAL, DEBORAH M  
Address: 1640 CORSICA DR.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: NEAL, BRENTON T  
Address: 13303 VENDETTA WAY  
City-St-Zip: LOUISVILLE, KY 40245 US

Title: MGRM ( ) Delete  
Name: NEAL, BRYAN T  
Address: 1640 CORSICA DR.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: NEAL, BRANDON T  
Address: 1640 CORSICA DR.  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM ( ) Delete  
Name: NEAL, BETHANY T  
Address: 1640 CORSICA DR.  
City-St-Zip: WELLINGTON, FL 33414 US

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: NEAL, BRENTON T  
Address: 1640 CORSICA DR.  
City-St-Zip: WELLINGTON, FL 33414 US

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 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: RICKY G. NEAL

MGR

04/14/2006

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