2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# L05000093488

Entity Name: RND 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:	1640 CORSICA DR.	
City-St-Zip:	WELLINGTON, FL 33414 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:	( ) 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 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 04/18/2007

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