


**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90030 025 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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<b>DOCUMENT # L05000100540</b>					
1. Entity Name RG INTERMEDIARY SERVICES, LLC					
Principal Place of Business 8406 PANAMA CITY BEACH PKWY, SUITE B PANAMA CITY BEACH, FL 32407		Mailing Address 8406 PANAMA CITY BEACH PKWY, SUITE B PANAMA CITY BEACH, FL 32407			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11739 Sand Castle LN.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Panama City Beach FL			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3591815	
		32407	US	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent GIEVERS, RENATE 8406 PANAMA CITY BEACH PKWY, SUITE B PANAMA CITY BEACH, FL 32407				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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIEVERS, RENATE 8406 PANAMA CITY BEACH PKWY, SUITE B PANAMA CITY BEACH, FL 32407	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
SIGNATURE: <u>Renate Gievers</u> 5/1/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					