

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-30-2007 90051 036 \*\*\*\*50.00  
L05000113711

**FILED**

07 MAY 22 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000113711</b> 1. Entity Name <b>RST ENTERPRISES, LLC</b>					
Principal Place of Business <b>15275 COLLIER BLVD., SUITE 201, #147 NAPLES, FL 34119</b>			Mailing Address <b>15275 COLLIER BLVD., SUITE 201, #147 NAPLES, FL 34119</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc. <span style="font-size: 2em; vertical-align: middle;">PK</span>  City & State  Zip      Country			
4. FEI Number <b>20-4924720</b> APPLIED FOR			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			6. Name and Address of Current Registered Agent  <b>PLACID, RAYMOND 15275 COLLIER BLVD., SUITE 201, #147 NAPLES, FL 34119</b>		
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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		<span style="font-size: 2em;">BK</span>		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PLACID, RAYMOND 15275 COLLIER BLVD., SUITE 201, #147 NAPLES, FL 34119</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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.					
<b>SIGNATURE:</b> <span style="font-family: cursive; font-size: 1.2em;">Raymond Placid</span> <span style="margin-left: 50px;">Man Name</span> <span style="margin-left: 50px;">4/27/07</span> <span style="margin-left: 50px;">2392549124</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY/MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					