

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042751

Entity Name: R & G MANAGEMENT LLC

FILED  
Mar 25, 2008  
Secretary of State

**Current Principal Place of Business:**

5555 OAKBROOK PARKWAY, STE 640  
NORCROSS, GA 30093

**New Principal Place of Business:**

**Current Mailing Address:**

5555 OAKBROOK PARKWAY, STE 640  
NORCROSS, GA 30093

**New Mailing Address:**

FEI Number: 20-4868710

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AM&E SERVICES LLC  
605 EAST ROBINSON STREET, SUITE 730  
ORLANDO, FL 32801 US

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

AM&E SERVICES, LLC  
605 EAST ROBINSON STREET  
SUITE 730  
ORLANDO, FL 32801 US

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: DANIELLE H. POWERS

03/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PT ( ) Delete  
Name: DONLEY, RONNY R  
Address: 5555 OAKBROOK PARKWAY, STE 640  
City-St-Zip: NORCROSS, GA 30093

Title: VP ( ) Delete  
Name: LESLIE, GUY  
Address: 5555 OAKBROOK PARKWAY, STE 640  
City-St-Zip: NORCROSS, GA 30093

**ADDITIONS/CHANGES:**

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 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: DANIELLE H. POWERS

CONT

03/25/2008

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