

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049029

Entity Name: R R PARTNERS, LLC

FILED  
Apr 27, 2008  
Secretary of State

**Current Principal Place of Business:**

13117 S. US HWY 441  
MICANOPY, FL 32667 US

**New Principal Place of Business:**

**Current Mailing Address:**

13117 S. US HWY 441  
MICANOPY, FL 32667 US

**New Mailing Address:**

FEI Number: 20-4860863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOULTON, CLAUDE R  
2014 NORTH LAURA STREET  
JACKSONVILLE, FL 32206 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: MGRM ( ) Delete  
Name: CHRISTIAN, ANDREW H JR  
Address: 13117 S. US HWY 441  
City-St-Zip: MICANOPY, FL 32667 US

Title: MGRM ( ) Delete  
Name: SAUERS, DAVID  
Address: 407 MEGAN COURT  
City-St-Zip: SAVANNAH, GA 31405 US

Title: MGRM ( ) Delete  
Name: GLISSON, ROBERT R  
Address: 509 RIVERS END DRIVE  
City-St-Zip: SAVANNAH, GA 31406 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:

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: LINDA CARLILE

SEC

04/27/2008

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