2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L06000049029

Entity Name: R R PARTNERS, LLC

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 (X)**

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 MGRM 04/15/2009

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