


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90037 022 ****50.00

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DOCUMENT # L06000058984	
1. Entity Name R & R ENTERPRISES OF PENSACOLA, L.L.C.	

Principal Place of Business 2470 WEST MICHIGAN AVE PENSACOLA, FL 32526	Mailing Address 2470 WEST MICHIGAN AVE PENSACOLA, FL 32526
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2. Principal Place of Business - No P.O. Box # 495 Carmody Hill Rd	3. Mailing Address 495 Carmody Hill Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Cantonment, FL	City & State Cantonment, FL
Zip 32533	Country US

02272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5091972	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HENDERSON, FRANK R 2470 WEST MICHIGAN AVE PENSACOLA, FL 32526	
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7. Name and Address of New Registered Agent	
Name Henderson, Frank R	
Street Address (P.O. Box Number is Not Acceptable) 495 Carmody Hill Rd	
City Cantonment	FL Zip Code 32533

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENDERSON, FRANK R 2470 WEST MICHIGAN AVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HENDERSON, RENE C 2470 WEST MICHIGAN AVE PENSACOLA, FL 32526 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Henderson, Frank R 495 Carmody Hill Rd Cantonment, FL 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Henderson, Rene C 495 Carmody Hill Rd Cantonment, FL 32533 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 608, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date
x 4-16-07

Daytime Phone #
850 x 937-8638