


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

03-06-2007 90081 024 ****50.00

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DOCUMENT # L06000092217 1-Entity Name R & F CONSTRUCTION COMPANY, LLC			
Principal Place of Business 5731 WEST FARKAS ROAD PLANT CITY FL 33567		Mailing Address 5731 WEST FARKAS ROAD PLANT CITY FL 33567	
2. Principal Place of Business - No P.O. Box # 5704 W Farkas Rd Suito. Apt. #, etc.		3. Mailing Address Suito. Apt. #, etc.	
City & State Plant City, FL		City & State	
4. FEI Number 20-5692547		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, KEITH C ESQ. 121 NORTH COLLINS STREET PLANT CITY FL 33563		7. Name and Address of New Registered Agent	
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: <u>George S. Farkas</u> DATE: <u>2/23/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	George L Farkas 5704 W Farkas Rd Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Managing Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Jeff Riley 5520 W O Griffin Rd Plant City, FL 33567	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Managing Member <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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: <u>George S. Farkas</u> DATE: <u>2/23/07</u> (813) 737-1807 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day</small>			

30004408
 I RECEIVED THIS REPORT FROM THE SECRETARY OF STATE

1st MOORE CR2E083 (10/06)