

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103335

Entity Name: R & P, LLC

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

7825 BAYMEADOWS WAY, STE. 310A
JACKSONVILLE, FL 32256

New Principal Place of Business:

7807 BAYMEADOWS ROAD, STE. 403
JACKSONVILLE, FL 32256

Current Mailing Address:

7825 BAYMEADOWS WAY, STE. 310A
JACKSONVILLE, FL 32256

New Mailing Address:

7807 BAYMEADOWS ROAD, STE. 403A
JACKSONVILLE, FL 32256

FEI Number: 20-5834494 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PITTS, SUSAN
7825 BAYMEADOWS WAY, STE. 310A
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

PITTS, SUSAN
7807 BAYMEADOWS ROAD, STE. 403
JACKSONVILLE, FL 32256 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: _____

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PITTS MANAGEMENT, LL, C
Address: 7825 BAYMEADOWS WAY, STE. 310A
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PITTS MANAGEMENT, LL, C
Address: 7807 BAYMEADOWS ROAD, STE. 403
City-St-Zip: JACKSONVILLE, FL 32256

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: SUSAN PITTS

TD

05/02/2007

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