
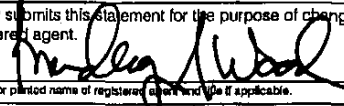
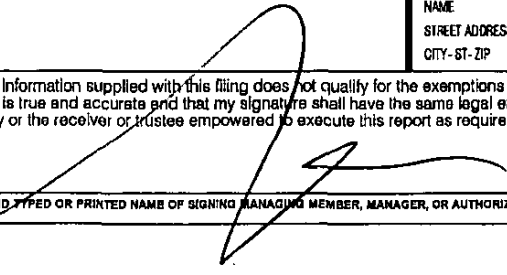


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90037 008 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000113225			
1. Entity Name R & F ENTERPRISES, LLC			
Principal Place of Business 914 CURLEW ROAD #354 DUNEDIN, FL 34698 US		Mailing Address 914 CURLEW ROAD #354 DUNEDIN, FL 34698 US	
2. Principal Place of Business - No P.O. Box # 1433 Gulf-to-Bay Blvd.		3. Mailing Address 1433 Gulf-to-Bay Blvd.	
Suite, Apt. #, etc. Suite I		Suite, Apt. #, etc. Suite I	
City & State Clearwater, Florida		City & State Clearwater, Florida	
Zip 33755	Country USA	Zip 33755	Country USA
4. FEI Number 20-5933509		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING STREET NORTH ST. PETERSBURG, FL 33704		7. Name and Address of New Registered Agent Name Wood, Bradley J., Esq. Street Address (P.O. Box Number is Not Acceptable) 600 First Avenue North, Suite 302 City Clearwater FL Zip Code 33701	
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  DATE 4/29/2008 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALVO, FABIAN 914 CURLEW ROAD, #354 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Calvo, Fabian 1433 Gulf-to-Bay Blvd., Suite I Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRO, ROBERT A 914 CURLEW ROAD, #354 DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Castro, Robert A. 1433 Gulf-to-Bay Blvd., Suite I Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: 		4-25-08 727-442-9700 Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			