


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000116364	
1. Entity Name R&S GP, LLC	
	
Principal Place of Business 13451 MCGREGOR BLVD. SUITE 27 FORT MYERS, FL 33919	Mailing Address 13451 MCGREGOR BLVD. SUITE 27 FORT MYERS, FL 33919



02082008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-8016018	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent WHITESMAN, GUY E 1715 MONROE STREET FORT MYERS, FL 33901
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000839652
03/06/08-80017-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TEN BROEK, ALLEN G 13451 MCGREGOR BLVD. SUITE 27 FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYLOR, ROBERT M 13451 MCGREGOR BLVD. SUITE 27 FORT MYERS, FL 33919
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #