2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000105826 02-21-2008 90065 011 ***138.75 R & B ENTERPRISES OF MANATEE, LLC Principal Place of Business Mailing Address 1118 8TH STREET WEST 1118 8TH STREET WEST PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, DON E Street Address (P.O. Box Number is Not Acceptable) 3212 SOUTH GATE CIRCLE SARASOTA, FL 34239 Zip Code 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE ☐ Change TITLE Delete NAME WINKEL, RALPH D STREET ADDRESS 1118 8TH STREET WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL 34221 MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE WINKEL, BONNIE J NAME NAME 1118 8TH STREET WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL 34221 TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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

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FILED

Feb 21, 2008 8:00 am