2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/8/20/2008-90014-008-$138.75-$138.75

FILED

08 OCT -3 AM 8:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L07000123856

1. Entity Name
R & T MANAGEMENT OF LAKE PLACID, L.L.C.

Principal Place of Business	Mailing Address
303 SR 70 E LAKE PLACID, FL 33852	303 SR 70 E LAKE PLACID, FL 33852

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 31 1205753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, WILLIAM T
303 SR 70 E
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name RICHARD W. VIOR
Street Address (P.O. Box Number is Not Acceptable) 303 SR 70 EAST
City LAKE PLACID, FL Zip Code 33852

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 Richard W. Vior 8-15-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE MONTH FEE IS $138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. OFFICERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT RICHARD W. VIOR 540 CATFISH CREEK RD 33852	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT WILLIAM T. DUNCAN 303 SR 70 EAST LAKE PLACID, FL 33852	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition L. SELLERS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition OCT - 6 2008
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition EXAMINER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition REINSTATEMENT
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 08
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Richard W. Vior RICHARD W. VIOR 8-15-08 863-465-4885
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #