

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000000532

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: RLB 2904 PROPERTIES, LLC

**Current Principal Place of Business:**

909 S. GOLF VIEW STREET  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

909 S. GOLF VIEW STREET  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANIGAN, DAVID C J.D.LLM  
DAVID LANIGAN, P.A.  
10937 NORTH 56TH STREET  
TAMPA, FL 336173000 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BODDEN, BARBARA A  
Address: 909 S. GOLF VIEW STREET  
City-St-Zip: TAMPA, FL 33629

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PD (X) Change ( ) Addition  
Name: BODDEN, BARBARA A  
Address: 909 S. GOLF VIEW STREET  
City-St-Zip: TAMPA, FL 33629

Title: TD ( ) Change (X) Addition  
Name: HERMIDA, ROBERT R  
Address: 3712 ORANGEPOINTE RD  
City-St-Zip: VALRICO, FL 33596

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: ROBERT R HERMIDA

TD

04/30/2009

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