



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR 27 AM 9:12 <i>ymth</i> 4/29	
<b>FILING FEE</b> \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b>		L94000000213			
R & R PLUMBING OF NAPLES, L.C. 1060 11TH ST. NORTH NAPLES FL 33940		2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/19/1994		3a. State of Formation	
City & State		City & State		65-0492685		FL	
Zip		Country		Zip		Country	
Zip		Country		5. Date of Last Report		6. Certificate of Status Desired	
04/22/1997		04/22/1997		04/22/1997		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent				8. Name and Address of New Registered Agent/Office			
REISINGER, DAVID 1060 11TH ST. NORTH NAPLES FL 33940				Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE 				DATE 4/24/98			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)							
10. Title		Managing Members/Managers		Business Street Address		City, State and Zip Code	
MGRM		REISINGER, DAVID		1060 11TH ST. NORTH		NAPLES FL	
S		DORIS, JAMES		327 3RD ST.		BEAVER OH	
000002510730--1 -05/05/98--01050--005 ****188.75 ****188.75							

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #