## **2003 LIMITED LIABILITY COMPANY**

## UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # 1 9900005170



## FILED Mar 19, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name RR & GJ, L.L.C.					03-19-2003 90046 019 ****50.00			
### ANDREAD   Author of Business   Author of Busine	Principal Pla	ce of Business	Mailing Address			1			
Solite. Apt. 4. etc.  City & State  City & S			105-B COURTHOUSE SQUARE		!	,			
Solite. Apt. 4. etc.  City & State  City & S	2. Principal	Place of Business	3. Mailing Address			.			
City & State  Ci						11881	1811 910 1911 <b>5</b> 18111 8911 <b>59</b> 111 99	(14 0 B)44 60401 01101 11011 1	1003) 003) 1201
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S. Hame and Address of Current Registered Agent  FERRY, ANDREA J 105-B COURTHOUSE SQUARE INVERNESS FL 34450  8. The above named critiqs submits this statement for the purpose of changing its requisiered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignors of registered agent, or both in the	City & State		City & State			00 00001 70			
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PERRY, ANDREA J 10:58 COURTHOUSE SOUARE INVERNESS FL 34450  City FL Zip Code  City F		6. Name and Address of Current F	Registered Agent	1		The state of the s			
105-B COURTHOUSE SQUARE INVERNESS FL 34450  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the obligation obligation of the obligation obligation of the obligation obligation of the obligation obliga	PF	RRY. ANDREA J	ing and the same of the same o	·	Name=		· ·	-, -	1
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B. 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 or registered agent.    Signature type of printed name of registered agent and this if application   (NOTE Heightered Agent agritative required when intensing)   purpose	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CHILDO I E OTTOU							
SIGNATURE   Signature, hypot or printed name of ingolatered agent and alia if applicable of Regulatered Agent algoritowe inquisive when reinitating)   DATE					•		•		
Signature, typod or printed agent and liste if appricable (PILLE NOW!!! FEE Is \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003    Part   MANAGING MEMBERS / MANAGERS   10.   ADDITIONS / CHANGES   Addition PERRY / ANDREA J   105-B COURTHOUSE SQUARE   NITE ADDRESS   STREET ADDRESS   CITY-ST-ZP   NITE   ANDRESS   CITY-ST-ZP   NAME   Addition PERRY / ANDREA J   105-B COURTHOUSE SQUARE   NAME   NA	8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered	d office or registere	ed agent, or b	ooth, in the State of Florida	a. I am familiar with	and accept
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003  9. ** MANAGING MEMBERS / MANAGERS	SIGNATURE	Signature, typed or printed name of registered agent ar	ord title if applicable * (NO)	TF: Benistered	Agent eignature required	when rejectation		DATE	
S. MANAGING MEMBERS/MANAGERS ITILE NAME OTHER PERRY, ANDREA J 105-B COURTHOUSE SQUARE (INVERNESS FL 34450)  TITLE NAME STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	7					when folialistating)		DATE	
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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.

