

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007782

Entity Name: R.A.D. PLUS, LLC

FILED
Feb 23, 2005
Secretary of State

Current Principal Place of Business:

2350 DOGWOOD CT
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

PO BOX 84-8216
HOLLYWOOD, FL 33084

New Mailing Address:

PO BOX 84-8216
PEMBROKE PINES, FL 33084

FEI Number: 65-0979536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMS, JAMES E
2350 DOGWOOD CT
PEMBROKE PINES, FL 33026 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/MEMBERS:

Title: MGRM () Delete
Name: HELMS, JAMES E
Address: 2350 DOGWOOD CT.
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM () Delete
Name: MONTENEGRO-HELMS, BETTY
Address: 2350 DOGWOOD CT.
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BETTY MONTENEGRO-HELMS

MGRM

02/23/2005

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