


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

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| DOCUMENT # M03000003580 1. Entity Name RGMAHAFFEY LLC |  |
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| Principal Place of Business 2953 PLANTATION ROAD, SOUTHEAST WINTER HAVEN, FL 33884 | Mailing Address 2953 PLANTATION ROAD, SOUTHEAST WINTER HAVEN, FL 33884 |
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03182004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 56-2290657 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MAHAFFEY, ROBERT G 2953 PLANTATION ROAD, SOUTHEAST WINTER HAVEN, FL 33884 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2004 | U000000134915 04/28/04-80036-020 50.00 |
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| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAHAFFEY, ROBERT G 2953 PLANTATION ROAD, SOUTHEAST WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAHAFFEY, MARGARET V 2953 PLANTATION ROAD, SOUTHEAST WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MAHAFFEY, JOHN 82953 PLANTATION ROAD, SOUTHEAST WINTER HAVEN, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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11. I 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 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.

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|---|---------------------|--------------------------------|
| SIGNATURE:  | 4-10-04 | 863-318-9863 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |