2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 10, 2005 8:00 am
Secretary of State
05-24-2005 90132 033 ****50.00

DOCUMENT # M03000003635

1. Entity Name

RUM ROAD II LTD. CO.

Principal Place of Business	Mailing Address
21884 AVALON DRIVE ROCKY RIVER OH 44116	21884 AVALON DRIVE ROCKY RIVER OH 44116

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 32-0079267 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALKER, GARY 4401 POINT HOUSE TRAIL UPPER CAPTIVA ISLAND FL 33924	Name: Diane Jarmoszuk Street Address (P.O. Box Number is Not Acceptable): 591 Rum Rd City: N. Captiva, Fl. 33945-0641 FL Zip Code

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 Diane Jarmoszuk DATE 6-2-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JARMOSZUK, NICHOLAS		NAME		
STREET ADDRESS	21884 AVALON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ROCKY RIVER OH 44116		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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.

SIGNATURE: Diane Jarmoszuk 5-16-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #