



**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M03000003653,</b> 1. Entity Name R.I. HELLER & COMPANY, LLC	
---	---

Principal Place of Business 450 LAS OLAS BLVD. 1100 FT. LAUDERDALE, FL 33301	Mailing Address 450 LAS OLAS BLVD 1100 FT. LAUDERDALE, FL 33301
---	--

**DO NOT WRITE IN THIS SPACE**

  
02172005No Chg-LLC CR2E083 (10/03)  
4. FEI Number 36-4215068 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PLAMONDON, WILLIAM M III
STREET ADDRESS	4240 GALT OCEAN BLVD., #404
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	MGRM
NAME	FULENA, GARY
STREET ADDRESS	631 STEAMBOAT ROAD
CITY-ST-ZIP	NAPERVILLE, IL 60565
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000294611  
04/08/05-80076-018 50.00  
**DO NOT WRITE  
IN THIS SPACE**

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: Gary Fulena Gary Fulena 4/1/05 954 764-4774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #