## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 01, 2007 8:00 am Secretary of State 02-05-2007 90197 007 \*\*\*\*50.00

DOCUMENT # M0600003464  1. Entity Name R & B FLORIDA REALTY HOLDINGS, LLC							02-03-200	7/ 9019/ 00/	
Principal Place 1735 SE FED STUART, FL	ERAL HWY	s	Mailing Address 1735 SE FEDERAL HWY STUART, FL 34994				fil deire enn det deir Feir	. <b>30</b> 00152	6 É
2. Principal Pl	ace of Busin	ess - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #. etc.			01272007	Chg-LLC	CR2E083 (12/06	
City & State			City & State			4. FEI Numi 20-48	ber 79230	<del></del>	pplied For lot Applicable
Žip	Country		Zip	Zip Coun		5. Certificat	te of Status Desired	S5.00 Ac	lditional ed
	6. Name	and Address of Current I	Registered Agent Name		Name	7. Name an	d Address of New R	egistered Agent	
PAULDING 1735 SE FI STUART, F	EDERAL		Street			ess (P.O. Box Num	ber is Not Acceptable	<u> </u>	·
			$\alpha$ .		City			FL Zip Co	ie
8. The above named entity submits this statement for the surpose of changing paregistered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept									
the obligations of regulatered agent.									
SIGNATURE Supplies or upfees rame of regressings agreed and size of applicable (INDIE: Reglassmed Agent agreed or owner newstating)  DATE									
Fi Du	ling Fee i	ls \$50.00 y 1, 2007					e check payable to Department of Sta	te	
9.	MCDM	MANAGING MEMBER		10.			ADDITIONS/		
TITLE NAME	MGRM PAULDIN	G, RAY	☐ Delete	Delete IIILE				☐ Change	Addition
STREET ADDRESS City-St-Zip		FEDERAL HWY FL 34994	STREET AODRESS CITY-ST-ZIP						
TITLE			☐ Delete	· · · · · · · · · · · · · · · · · · ·				☐ Change	Addition
NAME Street address			NAME STREE		ET ADORESS				
CITY-ST-ZIP				CITY-S1-ZIP					
TITLE NAME			☐ Delete	Delete TITLE				☐ Change	Addition
STREET ADDRESS				STRE	ET ADORESS				
CITY-ST-ZIP					-\$1-ZIP	<del></del>	<u> </u>	_ ·	- Addition
TITLE NAME			☐ Delete	TITL!	1			☐ Change	☐ Addition
STREET ACORESS CITY-ST-ZIP					ET ADORESS -ST-ZIP				
TITLE			☐ Delete	ritu		<del></del>		☐ Change	Addition
NAME ************************************				NAM					
STREET ADDRESS City-St-Zip					ET ADDRESS -ST-ZIP				ļ
TITLE		<del></del>	☐ Delete	TITLE		-		☐ Change	Addition
NAME STREET ADDRESS				NAM SIRE	ET ADORESS				
CITY-S1-ZIP					-SI-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signifying shall have the large legal effect as it made under oath; that I am a managing member or manager of the limited liability company or the recover or trustee empoyered to execute this report as regained by Chapter 608, Florida Statutes.									
SIGNATURE: / 2000 / Call 2-26-07 772-223-7287									