2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019962

1. Entity Name R X R, L,L,C.



FILED Apr 16, 2007 08:00 AN Secretary of State

Principal Place of Business

444 BRICKELL AVENUE

210 MIAMI, FL 33131 Mailing Address

444 BRICKELL AVENUE

210

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131



04132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0420800

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEL PILAR PINEROS, MARIA 444 BRICKELL AVENUE 210 MIAMI, FL 33131

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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 reinstaling

DATE

Filing Fee Is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANA MARIA RODRIGUEZ PINEROS 444 BRICKELL AVE., SUITE 210 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIA DEL PILAR PINEROS 444 BRICKELL AVE., SUITE 210 MIAMI, FL 33131	
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TITLE		_

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 figurature shall have the same legal effect as if made under oath; that I am a managing member or manager of the timited liability company or the receiver or trueflet emportation of execute in report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/67

(305)3720095

Daytime Phone