2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # L02000019962 1. Entity Name R X R, L.L.C.					04-09-2008 90127 001 ***138.75			
Principal Plac 444 BRICKEL 210 MIAMI, FL 3	L AVENUE	Mailing Address 444 BRICKELL AVENUE 210 MIAMI, FL 33131] 	60021	##1#1 (1819 18118 (9118 P1118 II	111 1 Fr 6 11
	rand Boy Prive	3. Mailing Address 445 Grand Suite, Apt. #, etc.	Bay Dri	ne .	1,00			
Apt	1101	Ap+ 1101		·		hg-LLC	CR2E083 (12/06)	
City & State	Biscayne, FL	City & State Key Biscay	ne FL	-	4. FEI Number 51-042080	0		pplied For ot Applicable
331°	49 (LS	2ip 33149	Country		5. Certificate of St.	atus Desired	□ \$5.00 Ad Fee Require	
	6. Name and Address of Current F				7. Name and Add	ress of New Re	egistered Agent	
	R PINEROS, MARIA KELL AVENUE		Street		Pilar Pin P.O. Box Number is t		María Aut 1101	
	33.31		City		<u></u>		FL Zip Cox	le .
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		egistered office			the State of Flor		and accept
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75					Florida	check payable to Department of Stat	8
9.	MANAGING MEMBER		10.	1	O 104	ADDITIONS/		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANA MARIA RODRIGUEZ PINER 444 BRICKELL AVE., SUITE 210 MIAMI, FL 33131	T ≜ Delete OS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	An	pm a María k s Grand k Ly Biscay	304 Driv	e Aprilui	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARIA DEL PILAR PINEROS 444 BRICKELL AVE., SUITE 210 MIAMI, FL 33131	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ma 44	n'a del Pill 8 orand B	av Pinev ay Brive	03 & Change . 4p+ 1101 FL 33149	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WIII (12 00101	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ke	y Bisca		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and the bility company or the receiver or trustels	this filing does not qualify for that my signate shall have the empoy died to execute this fe	he exemptions on he same legal effectors as required	contained ect as if n	in Chapter 119, Florid nade under oath; that ter 608, Florida Statul	da Statutes. I fu I am a manag es.	rther certify that the infi ing member or manag	ormation er of the