

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90014 049 ***150.00

DOCUMENT # L04000004914 1. Entity Name RR DEVELOPMENT FLORIDA I, LLC					
Principal Place of Business 10800 SIKES PLACE, SUITE 250 CHARLOTTE, NC 28277				Mailing Address 10800 SIKES PLACE, SUITE 250 CHARLOTTE, NC 28277	
2. Principal Place of Business 3129 SPRINGBANK LANE Suite, Apt. #, etc.		3. Mailing Address 3129 SPRINGBANK LANE Suite, Apt. #, etc.			
City & State CHARLOTTE NC Zip 28226 Country USA		City & State CHARLOTTE NC Zip 28226 Country USA		4. FEI Number 20-0712722 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				01112006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, WILLIAM G 10800 SIKES PLACE SUITE 250 CHARLOTTE, NC 28277			☐ Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				☐ Change ☐ Addition	
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 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: <u>William G. Allen</u> WILLIAM G. ALLEN, MANAGER <u>1/19/06</u> <u>(704) 847-6006</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					