

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90015 030 ****50.00



DOCUMENT # L04000053887

1. Entity Name
RRP MANAGEMENT, LLC

Principal Place of Business
**17787 N. PERIMETER DRIVE, STE. 105
 SCOTTSDALE, AZ 85255**

Mailing Address
**17787 N. PERIMETER DRIVE, STE. 105
 SCOTTSDALE, AZ 85255**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number
75 - 3161283

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Manager** Delete
 NAME **John J. Pappas**
 STREET ADDRESS **17787 N. Perimeter Drive, Ste 105**
 CITY-ST-ZIP **Scottsdale, AZ 85255-5454**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Manager** Delete
 NAME **Semi H. Salmi**
 STREET ADDRESS **1101 Fifth Avenue, Ste 330**
 CITY-ST-ZIP **San Rafael, CA 94901-3202**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

John J. Pappas

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

1.6.05

Date

Daytime Phone #