


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000053887

1. Entity Name
RRP MANAGEMENT, LLC



Principal Place of Business Mailing Address

17787 N. PERIMETER DRIVE, STE. 105 17787 N. PERIMETER DRIVE, STE. 105
 SCOTTSDALE, AZ 85255 SCOTTSDALE, AZ 85255

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For
75-3161263 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PAPPAS, JOHN J
STREET ADDRESS	17787 N. PERIMETER DRIVE, STE 105
CITY - ST - ZIP	SCOTTSDALE, AZ 85255
TITLE	MGR
NAME	SALMI, SEMI H
STREET ADDRESS	1101 FIFTH AVENUE, STE 330
CITY - ST - ZIP	SAN RAFAEL, CA 94901
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/24/06-80021-021 50.00

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:  **John J. Pappas, Manager** 1-06-06 780 419 0340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #