


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000053887</b>	
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
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01032007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

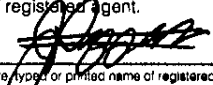
4. FEI Number 75-3161283	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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: 4-2-07

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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAPPAS, JOHN J 17787 N. PERIMETER DRIVE, STE 105 SCOTTSDALE, AZ 85255
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALMI, SEMI H 1101 FIFTH AVENUE, STE 330 SAN RAFAEL, CA 94901
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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:  Date: 4/2/07 Daytime Phone #: 480 419 0340

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