


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 1-04000053887**

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**



01072008No Chg-LLC      CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3161283</b>	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**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000885814  
 04/18/08-90029-029 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>PAPPAS, JOHN J</b> <b>17787 N. PERIMETER DRIVE, STE 105</b> <b>SCOTTSDALE, AZ 85255</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>SALMI, SEMI H</b> <b>1101 FIFTH AVENUE, STE 330</b> <b>SAN RAFAEL, CA 94901</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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: **4/3/08**      Daytime Phone #: **480-419-0340**

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