

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061415

Entity Name: RRR MITIGATION GP, LLC

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

% S & K PROPERTY MANAGEMENT, LLC  
150 ALHAMBRA CIRCLE, SUITE 800  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

% S & K PROPERTY MANAGEMENT, LLC  
150 ALHAMBRA CIRCLE, SUITE 800  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-1644954      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

S & K PROPERTY MANAGEMENT, LLC  
150 ALHAMBRA CIRCLE  
SUITE 800  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VOGLER, HANS-JOSEF  
Address: DORFSTRASSE 26, 8835 FEUSISBERG  
City-St-Zip: SWITZERLAND,

Title: MGR ( ) Delete  
Name: CARTAYA, LIDIA  
Address: 150 ALHAMBRA CIRCLE, SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LIDIA CARTAYA

MGR

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date