

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**


FILED

03 JAN 30 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000000492

1. Entity Name
RMMP, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1800 South Ocean Blvd.	3. Mailing Address 1800 South Ocean Blvd.
Suite, Apt. #, etc. Suite 410	Suite, Apt. #, etc. Suite 410
City & State Lauderdale By The Sea, FL	City & State Lauderdale By The Sea, FL
Zip 33062	Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

City Tallahassee FL Zip Code 32301

**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 *Charles Baclet* Charles Baclet, Vice President 01/28/2003
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

000011786490
02/04/03--01059--027 **50.00

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Group Manager Ray Weigel 1800 South Ocean Boulevard, #410 Lauderdale by the Sea, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Group Manager W. Patrick Murphy 1800 South Ocean Boulevard, #410 Lauderdale by the Sea, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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 *W. Patrick Murphy* W. Patrick Murphy 01/27/03 (954)304-3707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #