

# 2001 UNIFORM BUSINESS REPORT (UBR)

000076 AF

DOCUMENT # L00000005196

1. Entity Name  
RRG MARKETING, L.L.C.

FILED

01 APR 25 AM 7:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O THOMAS J. DAVIS, JR.  
150 ALHAMBRA CIRCLE, SUITE 1260  
CORAL GABLES FL 33134-4535

Mailing Address  
C/O THOMAS J. DAVIS, JR.  
150 ALHAMBRA CIRCLE, SUITE 1260  
CORAL GABLES FL 33134-4535

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number ☒ Applied For  
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, THOMAS J JR  
150 ALHAMBRA CIRCLE, SUITE 1260  
CORAL GABLES FL 33134-4535

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MCR ☐ Delete  
STREET ADDRESS CARPENTER, NORMAN A  
CITY-ST-ZIP 12403 NACOGDOCHES, SUITE 110  
SAN ANTONIO, TX 78217

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MCR ☐ Change ☒ Addition  
STREET ADDRESS CARPENTER, NORMAN A.  
CITY-ST-ZIP 12403 NACOGDOCHES, SUITE 110  
SAN ANTONIO, TX 78217

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 4000004163804--6  
CITY-ST-ZIP -05/08/01--01147--022

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS \*\*\*\*\*50.00 ☐ Addition  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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: *Norman A. Carpenter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-11-01 210-599-7926  
Date Daytime Phone #

CR2E083 (11/00)