

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90035 011 ****50.00

DOCUMENT # L00000005196

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

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Jennifer C. Finch Suite, Apt. #, etc. 526 Santander Ave, Suite 1 City & State Coral Gables, FL	3. Mailing Address c/o Jennifer C. Finch Suite, Apt. #, etc. 526 Santander Ave, Suite 1 City & State Coral Gables, FL
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4. FEI Number 04-3611244	Applied For <input type="checkbox"/> Not Applicable
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Zip 33134	Country USA	Zip 33134	Country USA
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

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
Jennifer C. Finch
 Street Address (P.O. Box Number is Not Acceptable)
526 Santander Ave.
 Suite 1
 City **Coral Gables** **FL** Zip Code **33134**

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 **Jennifer C. Finch** **3/4/02** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARPENTER, NORMAN A 12403 NACOGDOCHES, SUITE 110 SAN ANTONIA TX 78217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Luis Medina 175-B Dodge House, Palm Heights Dr., Snug Harbor, Grand Cayman, Cayman Islands, BWI	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Luis Medina, Manager** **4/16/02** **(345) 945-5587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)