UN	IFORM BUSINI	ESS REPO	RT (UE	3R)	- -1				
DOCUMENT # L0000005196 1. Entity Name RRG MARKETING, L.L.C.						O3 MAR SECKETA TALLAHASS	12	ED PM 2:48	
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1083Z NVV 031F1 VVA1			KEY CREEK		DO NOT WRITE IN THIS SPACE				
Suite, Apt. #,					4. FEI Number	4. FEI Number 043611244 Applied For Not Applicable			
City & State ALACHUA	Country	City & State ALACHUA, FL Zip Cour				S. Certificate of Status Desired See Required See Required See Required		00 Additional	
Zip 32615	USA	32615	USA	\		ess of Current Registe			
				Name IFN	Name JENNIFER C. FINCH				
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				10832 N	0832 NW 65TH WAY				
				City ALAC	ALACHUA FL Zip Code 32615			Zip Code 32615	
8. The above named entity submits this statement for the surpose 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. JENNIFER C. FINCH O1/ 04 /03 DATE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1									
9.	MANAGING MEN	MBERS/MANAGERS							
TITLE NAME STREET ADDRESS	MGR, LUIS A. MEDINA 43 BARRACK ROAD, 2 BELIZE CITY, BELIZE	ND FLOOR	N S	TLE AME Treet address ITY-ST-ZIP	300 03/12/03	1013985 30102200	7 #	12000 12000	
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TITLE NAME STREET ADORESS	s			TITLE NAME STREET ADDRESS CITY-ST-ZIP	17/			E Abet the information	
CITY-ST-ZIP	<u> </u>				ed in Section 119 07/3Vi	 Florida Statutes, I furt 	ner certii	ly mat the information [

11. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

LUIS A. MEDINA, MGR OR PRINTED NAME OR SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 1 18/03

501-223-3544

Date

Daytime Phone #