2001 UNIFORM BUSINESS REPORT (UBR)						
DOCUMENT # L0000005286				FILED 4/C		
R & R BUSINESS ASSOCIATES, L.L.C.				01 MAR 30 PH 3: 13		
Principal Pla	ce of Business	Mailing Address				
3440 Hollywood Blud SAME			_		SECRETARY OF STATE	
HOLUMOD), FL33021						
2. Principal Place of Business 3440 Holywood Blvd 3. Mailing Address 3440 Holywood Blvd				3LUN	THE NAME OF THE PROPERTY OF TH	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
	ywood, FL	· · · · · · · · · · · · · · · · · · ·	HOLLYWOOD, FL		4. FEI Number 65 - 092 + 76 Applied For Not Applical	
^{Zip} 330	21 Country U.S.A	33021	Country S .	۹.	5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
[Kot				TH, LEUNARD A ESQ (P.O. Box Number is Not-Acceptable)		
340 to				prichmoon RINV	_	
				Suite 360		
City HOLLYWOOD FL SOOZI						
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						
Signature, typed or printed name of registered agent and title if applicable. / (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State						
9.	MANAGING MEMBER		10.		ADDITIONS/CHANGES	\exists
TITLE NAME	MGRM ROTH, LEONARDO A ESQ	☐ Delete	TITLE NAME	MGI	TH, LEDWARDO A. ESQ TO HOLYWOOD BLUD, SVITE 360	חנ.
STREET ADDRESS CITY+ST-ZIP	PH2 9350 S DIXIE HWY		STREET ADDRESS CITY-ST-ZIP	344	to HOLLYWOOD BLUD, SUITE 360	
TITLE NAME	MGRM	☐ Delete	TITLE NAME	MG	RM ☑ Change ☐ Addition	nc
STREET ADDRESS CITY-ST-ZIP	ROUSSO, MARK E ESQ PH 3A 2875 NE 191 ST AVENTURA FL 33180	<u> </u>	STREET ADDRESS - CITY+ST-ZIP ~	3457	USSO, MARK E ESQ. O HOLLYWOOD BLVD, SUITE 360 WWGOOD BLVD, FL 33021	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	on ~~
STREET ADDRESS CITY-ST-ZIP	:		STREET ADDRESS CITY-ST-ZIP		7000039854172 -04/10/0101086007 ******50 00 ******50.00	
TITLE NAME	J.	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			-
CITY-ST-ZIP TITLE	7	☐ Delete	CITY-ST-ZIP	**	☐ Change ☐ Addition	_
NAME STREET ADDRESS		LLI Dolote	Name Street address	•	Citange Addition	""
CITY-ST-ZIP		☐ Defete	CITY-ST-ZIP		☐ Change ☐ Additio	_
NAME STREET ADDRESS			NAME Street address		Creatings Audulite	"
11. I hereby c	ertify that the information supplied with the	nis filling does not qualify for the	CITY-ST-ZIP	ed in Sect	ction 119 07(3)(i) Florida Statutes I further certify that the information	4
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 the 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 of the ecciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGING MEMBER OR AUTHORIZED REPOSSENTATIVE.						
SIGNATURE: MEDICAL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daytime Phone #						