

2001 UNIFORM BUSINESS REPORT (UBR)

0025444 AF

DOCUMENT # **L00000012149**

1. Entity Name
R & R INVESTMENTS, L.L.C.

FILED

01 FEB -2 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**4444 HIGHWAY 17-92
LONGWOOD FL 32750**

Mailing Address
**P.O. BOX 521400
LONGWOOD FL 32752-1400**

2. Principal Place of Business
2724 N. HWY. 17-92
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
LONGWOOD, FL.

City & State

Zip
32750 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
**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
Name
LUBET, MARC L., ESQ.
Street Address (P.O. Box Number is Not Acceptable).
209 E. RIDGEWOOD STREET
City
ORLANDO FL Zip Code **32801**

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 DATE **1/25/01**

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

500003657075--7
-02/08/01--01015--022
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS	
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
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: **WILLIAM D. RAY, JR.** PRESIDENT 01/22/01 (407) 831-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)