

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90065 002 \*\*\*\*50.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000012149

1. Entity Name

R & R INVESTMENTS, L.L.C.

Principal Place of Business

Mailing Address

2724 N. HWY 17-92  
LONGWOOD FL 32750

P.O. BOX 521400  
LONGWOOD FL 32752-1400

71152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2787921

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LUBET, MARC ESQ  
209 E. RIDGEWOOD STREET  
ORLANDO FL 32801

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

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE P  Delete  
NAME RAY, WILLIAM D JR  
STREET ADDRESS 620 LAKE KATHRYN CIRCLE  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  Delete  
NAME RAY, WILLIAM D III  
STREET ADDRESS 1006 DUNHURST COURT  
CITY-ST-ZIP LONGWOOD FL 32750

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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:

**REQUIRE**

WILLIAM D. RAY, III

01-10-02

407-831-1318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)