


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L00000014767</b>		
1. Entity Name RP INVESTMENTS LLC		
Principal Place of Business 1474 VIA PRIVADA JUPITER, FL 33477	Mailing Address 1474 VIA PRIVADA JUPITER, FL 33477	



04172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1059094	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

REGER, LAWRENCE H  
1474 VIA PRIVADA  
JUPITER, FL 33477

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM REGER, LAWRENCE H 1474 VIA PRIVADA JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, JUDITH A 2730 TRANSIT RD. WEST SENECA, NY 14224
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/29/07-80033-003 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Judy Smith, mgr* JUDY SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.26.07

Date

Daytime Phone #