

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006289

FILED  
Jun 09, 2008  
Secretary of State

Entity Name: R2 INVESTMENTS, LLC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
800  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
800  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 46-0470224      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANTAELLA, HECTOR  
2121 PONCE DE LEON BLVD.  
800  
CORAL GABLES, FL 33134 US

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: URBINA-QUINTERO, RAFAEL JR.  
Address: 2121 PONCE DE LEON BLVD., SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: TANCREDI, RODOLFO I  
Address: 2121 PONCE DE LEON BLVD., SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: SANTAELLA, HECTOR  
Address: 2121 PONCE DE LEON BLVD., SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: ROSENBERG, STEVEN  
Address: 2121 PONCE DE LEON BLVD., SUITE 800  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HECTOR SANTAELLA

MGR

06/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date