2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS CITY - ST - 71P

SIGNATURE:

Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # L02000011654** 1. Entity Name R & T INVESTMENTS, LLC Principal Place of Business Mailing Address 4529 N. PINE ISLAND ROAD 4529 N. PINE ISLAND ROAD SUNRISE, FL 33351 US SUNRISE, FL 33351 04202004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 43-1962820 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAYER, THOMAS DO NOT WRITE 4529 N. PINE ISLAND ROAD SUNRISE, FL 33351 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, typed or printed name of registered agent and tall if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME MAYERQ, THOMAS STREET ADDRESS 4529 N PINE ISLAND RD CITY-ST-ZIP FORT LAUDERDALE, FL 33351 TITLE U00000131670 NAME 04/27/04-80015-010 50.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7P TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED