2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000011654

1. Entity Name R & T INVESTMENTS, LLC

Principal Place of Business Malling Address

130 S UNIVERSITY DR SUITE A

PLANTATION, FL 33324 US

Mailing Address

130 S UNIVERSITY DR SUITE A

PLANTATION, FL 33324

FILED
Apr 24, 2006 08:00 AM
Secretary of State



04052006 Na Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 43-1962820 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYER, THOMAS 130 S UNIVERSITY DR SUITE A PLANTATION, FL 33324

STREET ADDRESS CITY-ST-ZIP

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	e named entity stufflies this statement for the purpose of cha tions of registered agent.	mgrig its registere	d dilice of registered agent, or both	i, in the State of Florida. I am familial with, and acce
SIGNATURE.			<u> </u>	<u> </u>
	Signalure, typed or printed name of registered egent and title if applicable	(NOTE: Registered	Agent signature required when reinstaling)	DATE
F	iling Fee is \$50.00 tue by May 1, 2006		} <u> </u>	
9.	MANAGING MEMBERS/MANAGERS	— —		
Title Name Street Address City-St-Zip	MGRM MAYERQ, THOMAS 130 S UNIVERSITY DR SUITE A PLANTATION, FL 33324			U <u>00000530364</u> 05/05/06-80114-006 50.00
Title Name Sireet address City-St-Zip			air.	**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		DO	NOT WRITE
TITLE MAME STREET ADDRESS CYTY-ST-ZIP			IN T	HIS SPACE
TITLE Vame Street Address XTY-ST-ZIP				
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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 eath; that I am a managing member or manager of the filmited flability 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