2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017211

1. Entity Name
RVR INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
1902 HARBOR POINT CIRCLE WESTON, FL 33327	1902 HARBOR POINT CIRCLE WESTON, FL 33327

04292004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2057041
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE ALAN P.A.
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RABAYO MARTINEZ, JULIO CESAR
STREET ADDRESS	1902 HARBOR POINT CIRCLE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGR
NAME	RUBIO, PATRICIA
STREET ADDRESS	1902 HARBOR POINTE CIR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGR
NAME	DUBIG, MONICA
STREET ADDRESS	1801 VIETONIA POINTE CIR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGR
NAME	VILLATOBOS, MARUET
STREET ADDRESS	1801 VIETONIA POINTE CIR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	MGR
NAME	SOLOME, CLAUDIA
STREET ADDRESS	1801 VIETONIA POINTE CIR
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80146-017 50.00

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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: Patricia Rubio E.O.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #