

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017211 1. Entity Name RVR INVESTMENTS, L.L.C.					
Principal Place of Business 1902 HARBOR POINT CIRCLE WESTON, FL 33327			Mailing Address 1902 HARBOR POINT CIRCLE WESTON, FL 33327		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2057041	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROZENOWAIG, LESLIE ALAN P.A. ONE S.E. THIRD AVENUE, SUITE 960 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when changing agent.</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM RABAYO MARTINEZ, JULIO CESAR 1902 HARBOR POINT CIRCLE WESTON, FL 33327 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR RUBIO, PATRICIA 1902 HARBOR POINTE CIR WESTON, FL 33327 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000358568 05/04/05-80118-025 50.00
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR DUBIG, MONICA 1801 VIETONIA POINTE CIR WESTON, FL 33327 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR VILLATOBOS, MARUET 1801 VIETONIA POINTE CIR WESTON, FL 33327 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SOLOME, CLAUDIA 1801 VIETONIA POINTE CIR WESTON, FL 33327 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Patricia Rubio E.</u> 04/20/05 9643898283. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					