



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90020 029 *****55.00

DOCUMENT # L02000022040					
1. Entity Name RROG, LLC.					
Principal Place of Business 8402 WEST 21ST AVENUE HIALEAH, FL 33016			Mailing Address 601 BRICKELL KEY #507 MIAMI, FL 33131		
2. Principal Place of Business P.O. Box 941616		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, Florida		City & State			
Zip 33194		Country U.S.A.		4. FEI Number 06-1655074	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE, SUITE 507 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGR RODRIGUEZ, GUSTAVO J 8042 WEST 21ST AVENUE HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gustavo J. Rodriguez P.O. Box 941616 Miami, Florida 33194	<input checked="" 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
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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 19.07(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: Gustavo J. Rodriguez, Manager			Date: 4/14/05 (305) 371-9213		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					