

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000004556

1. Entity Name

R & H REAL ESTATE ASSOCIATES, LLC



Principal Place of Business

4340 NEWBERRY ROAD, SUITE 202
GAINESVILLE FL 32607

Mailing Address

4340 NEWBERRY ROAD, SUITE 202
GAINESVILLE FL 32607



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

85-0488542

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEMAN, ROBERT L M.D.
4340 NEWBERRY ROAD, SUITE 202
GAINESVILLE FL 32607

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consenting)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: ROSEMAN, ROBERT L M.D.
STREET ADDRESS: 4340 NEWBERRY ROAD, SUITE 202
CITY-STATE-ZIP: GAINESVILLE FL 32607 ☐ Delete

TITLE: ST
NAME: HAZARIWALA, KAUSHIK M M.D.
STREET ADDRESS: 4340 NEWBERRY ROAD, SUITE 202
CITY-STATE-ZIP: GAINESVILLE FL 32607 ☐ Delete

TITLE: ☐ Delete
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CITY-STATE-ZIP: ☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-STATE-ZIP: ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/1/07

352-371-2860