2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State DOCUMENT # L03000006947 04-27-2006 90020 039 ****50.00 1. Entity Name RREMC II, LLC Principal Place of Business Mailing Address でれのつかのマヤ 1601 BELVEDERE ROAD STE. 407 SOUTH 1601 BELVEDERE ROAD STE. 407 SOUTH WEST PALM BEACH, FL 33406 WEST PALM BEACH, FL 33406 04202006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 54-2096747 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE 1601 BELVEDERE ROAD STE: 407 SOUTH WEST PALM BEACH, FL 33406 IN THIS SPACE 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 reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME METZ, JOHN STREET ADDRESS 1601 BELVEDÉRE ROAD STE, 407 SOUTH CITY-ST-ZIP WEST PALM BEACH, FL 33406 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME

FILED

SIGNATURE: SIGNATURE AND TYPED OR I NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filling 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 oath; that I am a managing member or manager of the limited liability company or the receiver or truefee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP