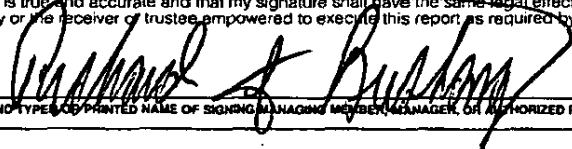


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 20, 2004 8:00 am
Secretary of State

05-04-2004 90016 006 ****50.00

DOCUMENT # L03000015020 1. Entity Name RTR INVESTMENTS LLC					
Principal Place of Business 25900 SAN RAFAEL COURT HOWEY FL 34737			Mailing Address 25900 SAN RAFAEL COURT HOWEY FL 34737		
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 35-2199338	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUSHONG, RICHARD J 25900 SAN RAFAEL COURT HOWEY FL 34737				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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGRM	☐ Delete	TITLE	ADDITIONS/CHANGES	
NAME	BUSHONG, RICHARD J		NAME		
STREET ADDRESS	25900 SAN RAFAEL COURT		STREET ADDRESS		
CITY-ST-ZIP	HOWEY FL 34737		CITY-ST-ZIP		
TITLE	MGRM	☒ Delete	TITLE		
NAME	MAYER, RONALD J		NAME		
STREET ADDRESS	3658 SW WOODBRIAR LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		
NAME	RUVOLO, THOMAS C		NAME		
STREET ADDRESS	8092 SE MARINA BAY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL 33455		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				Date 04-28-04 Daytime Phone # 352-243-8035	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

34006909



MOORE CR2E083 (11/03)