

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018781

Entity Name: R.T. PROJECTS, L.L.C.

FILED
Feb 02, 2004
Secretary of State

Current Principal Place of Business:

3120 COLLINS AVENUE, STE. 406
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

3120 COLLINS AVENUE, STE. 406
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 56-2362688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN, MARIO I
9130 S. DADELAND BLVD., STE. #1504
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: TRIPODI, SALVADOR
Address: JOSE PEDRO VARELA 3480
City-St-Zip: CAPITAL FEDERAL, ARGENTINA, 1417

Title: MGRM () Delete
Name: RABAZA, LUCIANO
Address: NAVARRO 3759
City-St-Zip: CAPITAL FEDERAL, ARGENTINA, 1417

Title: MGRM (X) Delete
Name: PIRONIO, RONAN E
Address: 91 ALTON ROAD APT. #710
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SALVADOR TRIPODI

MGRM

02/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date