## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					
DOCUMENT # L03000026834				FILED	
1. Entity Name	e :				04 MAY 18 AH 10: 31
RB-MILLE	IR, LLC	-			1
	<u> </u>	<u></u>		12.00	TALLAMASSTE FLURIDA NA.
Principal Place	e of Business	Mailing Address			TALLAHAGSTE FLURIDA MI
	2 ST., STE 100	9240 S.W. 72 ST., STE 100			
MIAMI, FL 33173 MIAMI, FL 33173					
2. Principal Place of Business 3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02122004 Cha-LLC CB2E083 (10/03)
			0.10		J. J
City & State		City & State			4. FEI Number 20-0112007 Applied For Not Applicable
Zip Country		Zip Country		try	5. Certificate of Status Desired S5.00 Additional
		at Designation			Fee Required
6. Name and Address of Current Registered Agent Name				Name	7. Name and Address of New Registered Agent
	EZ-VALLE, MARIA		Street Address		(D.O. Boy Number is Not Assessable)
10570 S.W MIAMI, FL	J. 27 ST., STE. 103 33172		Street Address		(P.O. Box Number is Not Acceptable)
1410-040, 1 C					·
	· P			City	FL Zip Code
8. The above	named entity submits this statement	for the purpose of changing its	s registere	ed office or registe	red 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					
Make check payable to					
Di	ue by May 1, 2004				Florida Department of State
9.	MANAGING MEM	BERS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE	1	☐ Change ☐ Addition
NAME STREET ADDRESS	BENITEZ; ROLANDO 9240 S.W. 72 ST., STE 100		NAME STREE	ET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173			- ST - ZIP	•
TITLE	ii •	☐ Delete	TITLE		00003652525430 05/18/04-01006-001 **600.00
NAME STREET ADDRESS	à		NAME	E Et address	05/18/04-01006001 **600.00
CITY-ST-ZIP	4 0 14		E	-ST-ZIP	and the fift
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	i		NAM	1.	_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	
TITLE			TITLE		☐ Change ☐ Addition
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STREET ADDRESS	1			ET ADDRESS	
CITY-ST-ZIP		D Date:		-ST-ZIP	☐ Change ☐ Addition
TITLE NAME		☐ Delete	TITLE NAMI	i	Li Crange Li Addition
STREET ADDRESS			STRE	ET ADDRESS	,
CITY-ST-ZIP	<u> </u>		1	-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.					
	1 -1/1		_		USAU
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #					
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