

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029686

FILED
Mar 01, 2004
Secretary of State

Entity Name: R/R MEDIA, LLC

Current Principal Place of Business:

926 TRUMAN AVE.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

926 TRUMAN AVE.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 75-3126499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, ALBERT
926 TRUMAN AVE.
KEY WEST, FL 33040

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: KELLEY, ALBERT L
Address: 926 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: RHOADES, SHIRREL
Address: 926 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: ROCKMAN, HARVEY
Address: 926 TRUMAN AVE.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: RHOADES, SHIRREL
Address: 914 GRINNEL ST.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change () Addition
Name: ROCKMAN, HARVEY
Address: 901 EISENHOWER DR., #2
City-St-Zip: KEY WEST, FL 33040

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: ALBERT L. KELLEY

MGRM

03/01/2004

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