

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042252

Entity Name: RMA INVESTMENTS, LLC

FILED
Mar 26, 2004
Secretary of State

Current Principal Place of Business:

2061 NW BOCA RATON BLVD.
SUITE 201
BOCA RATON, FL 334317419

New Principal Place of Business:

Current Mailing Address:

2061 NW BOCA RATON BLVD.
SUITE 201
BOCA RATON, FL 334317419

New Mailing Address:

FEI Number: 41-2113750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DI CAPUA, JOSEPH J CEO
2061 NW BOCA RATON BLVD
SUITE 201
BOCA RATON, FL 334317419 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DI CAPUA, JOSEPH J
Address: 2295 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Change (X) Addition
Name: SMETS, MICHAEL A
Address: 2295 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Change (X) Addition
Name: GONZALEZ, MANUEL
Address: 2295 N. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33024

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: JOSEPH J. DI CAPUA

MGRM

03/26/2004

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