

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042252

Entity Name: RMA INVESTMENTS, LLC

FILED
Jan 30, 2007
Secretary of State

Current Principal Place of Business:

7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 US

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
7800 W OAKLAND PARK BLVD.
E-214
SUNRISE, FL 33351 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/MANAGERS:

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

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

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

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 Chapter 119, 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

MM

01/30/2007

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