


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90035 016 ****50.00

DOCUMENT # L03000043458	
1. Entity Name R.H. PLUS REALTY, LLC	

Principal Place of Business XXXXXX XXXXXX	Mailing Address XXXXXX XXXXXX
150 SE 2ND AVENUE	150 SE 2ND AVE, STE 1200
MIAMI, FL 33131	MIAMI, FL 33131

24053535

2. Principal Place of Business 150 SE 2ND AVENUE Suite, Apt. #, etc. SUITE #1200 City & State MIAMI, FL Zip 33131 Country US		3. Mailing Address 150 SE 2ND AVENUE Suite, Apt. #, etc. SUITE #1200 City & State MIAMI, FL Zip 33131 Country US	
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04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1035319	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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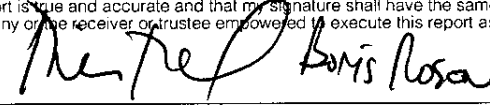
6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVE, STE 1200 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name BORIS ROSEN Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVENUE, SUITE #1200 City MIAMI FL Zip Code 33131	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-22-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS ROSEN, BORIS 15200 BISCAYNE BLVD. MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS ROSEN, BORIS 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSEN, BORIS 16200 BISCAYNE BLVD. MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSEN, BORIS 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER BORIS ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER KENNETH E. ROSEN 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.	
SIGNATURE: 	Date 4-22-04