


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045703 1. Entity Name RLR ONE, LLC	
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FILED

05 MAY 20 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 17855 SW 248TH STREET HOMESTEAD, FL 33031	Mailing Address 17855 SW 248TH STREET HOMESTEAD, FL 33031
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1052005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT-APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

RUTZKE, TINA M 17855 SW 248TH STREET HOMESTEAD, FL 33031

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RUTZKE, BARNEY W JR.
STREET ADDRESS	15600 SW 288TH STREET, #201
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	MGRM
NAME	RUTZKE, TINA M
STREET ADDRESS	15600 SW 288TH STREET, #201
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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05/17/05--01071--003 **250.00

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.

SIGNATURE:  Tina Rutzke 4-11-05 305-245-4595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #