


\$50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 FEB 15 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000045703	
1. Entity Name RLR ONE, LLC	

Principal Place of Business 17855 SW 248TH STREET HOMESTEAD, FL 33031	Mailing Address 17855 SW 248TH STREET HOMESTEAD, FL 33031
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DO NOT WRITE IN THIS SPACE



01112007No Chg-LLC CR2E083 (11/05) 07

4. FEI Number NOT APPLICABLE	Applied For 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

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

Filing Fee is \$50.00 Due by May 1, 2007

02/21/07--01026--025 **250.00
900088901149
02/21/07--01026--025 **250.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTZKE, BARNEY W JR. 17855 SW 248 St. 15600 SW 288TH STREET, #201 HOMESTEAD, FL 33033 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTZKE, TINA M 17855 SW 248 St. 15600 SW 288TH STREET, #201 HOMESTEAD, FL 33033 33031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please make Above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Changes
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Putzke Date: 2-6-07 Daytime Phone #: 305-245-4595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE