

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000045706

1. Entity Name
RLR TWO, LLC



Principal Place of Business
**17855 SW 248TH STREET
HOMESTEAD, FL 33031**

Mailing Address
**17855 SW 248TH STREET
HOMESTEAD, FL 33031**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 19 PM 1:58



01092006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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

Date

Daytime Phone #

4-11-06 305 245-4595