$50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000045706

1. Entity Name
RLR TWO, LLC

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

DO NOT WRITE IN THIS SPACE

FILED

07 FEB 15 AM 8: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01112007 No Chg-LLC   CR2E083 (11/05)

| 4. FEI Number | Applied For |
| NOT APPLICABLE | 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

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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
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, 2007

600088901176
02/21/07--01026--025   **250.00

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

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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 Rutzke_   2-6-07   305-245-4595

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