2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L03000045751 03-10-2004 90186 039 ****50.00 1. Entity Name RLR FOUR, LLC Principal Place of Business Mailing Address 17855 SW 248TH STREET HOMESTEAD FL 33031 17855 SW 248TH STREET HOMESTEAD FL 33031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LYNN, SANDRA T Street Address (P.O. Box Number is Not Acceptable) 830 N. KROME AVENUE HOMESTEAD FL 33030 City Zip Code 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. ШĘ MGR TITLE Delete Change ☐ Addition NAME RUTZKE, BARNEY W SR. NAME STREET ADDRESS 17855 SW 248TH STREET STREET ADORESS CITY-ST-ZIP HOMESTEAD FL 33031 CITY-ST-ZIP TILE Delete ☐ Change Addition MALAF MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MILE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7P TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 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 empewered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Mar 26, 2004 8:00 am