2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 02-27-2008 90096 001 ***555.00 DOCUMENT # L04000013560 1. Entity Name RAH INVESTMENTS, L.L.C. 30000703 Principal Place of Business Mailing Address 1420 SHERIDAN STREET 1420 SHERIDAN STREET APT 12 APT 12 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEL Number 20-8752839 Not Applicable Zip Country Zip 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 GOTTLIEB, BRUCE M Street Address (P.O. Box Number is Not Acceptable) 125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE Change Addition MICALE, PETER NAME NAME STREET ADDRESS 1420 SHERIDAN STREET #12 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition MICALE, RALPH P 1420 SHERIDAN STREET #12 STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change ☐ Addition MICALE, AMY L NAME NAME STREET ADDRESS 1420 SHERIDAN STREET #12 STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

11. I hereby certify that the information supplied with this filling 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 acquirate 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 pushe empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE NAME

IGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

FILED Feb 27, 2008 8:00 am

☐ Change

☐ Change

☐ Addition

☐ Addition