

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90023 006 ****50.00

DOCUMENT # L04000016863 1. Entity Name RRD PROPERTY INVESTMENTS LLC					
Principal Place of Business 4 WEST POINT DRIVE COCOA BEACH, FL 32931			Mailing Address 4 WEST POINT DRIVE COCOA BEACH, FL 32931		
2. Principal Place of Business 18 YAWL DRIVE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 320326 Suite, Apt. #, etc.			
City & State COCOA BEACH, FL		City & State COCOA BEACH, FL		4. FEI Number 34-1983757	
Zip 32931		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PLETCHER, GEOFFREY 4 WEST POINT DRIVE COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18 YAWL DRIVE City COCOA BEACH FL Zip Code 32931		
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 <u><i>Geoffrey S. Pletcher</i></u> (GEOFFREY S. PLETCHER) <u>4/4/05</u> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-filing)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLETCHER, GEOFFREY 4 WEST POINT DRIVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	18 YAWL DR. COCOA BEACH, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Geoffrey S. Pletcher</i></u> (GEOFFREY S. PLETCHER) <u>4/4/05</u> <u>321-223-6252</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					