

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90174 020 \*\*\*\*50.00

60027507



03142007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1081788 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L04000033936

1. Entity Name  
RH & PARTNERS, LLC



Principal Place of Business 315 ARLINGTON AVENUE SUITE 1406 CHARLOTTE, NC 28203 US  
Mailing Address 315 ARLINGTON AVENUE SUITE 1406 CHARLOTTE, NC 28203 US

2. Principal Place of Business - No P.O. Box # 372 Central Park West  
Suite, Apt. #, etc. 11E  
City & State New York, NY  
Zip 10025 Country  
3. Mailing Address 372 Central Park West  
Suite, Apt. #, etc. 11E  
City & State New York, NY  
Zip 10025 Country

## 6. Name and Address of Current Registered Agent

HESCO, CARRIE R  
21 OLD KINGS ROAD N. B110  
PALM COAST, FL 32137

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERRON, ROARK 315 ARLINGTON AVE., SUITE 1406 CHARLOTTE, NC 28203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	372 Central Park West, # 11E New York, NY 10025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: Roark Herron 3/15/07 212-503-7760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #