
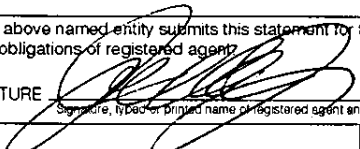
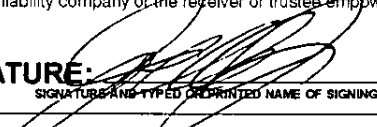


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATE & BUSINESS SERVICES  
06 FEB 14 AM 11:08

<b>DOCUMENT # L04000059347</b> 1. Entity Name R2GRSR INVESTMENTS, LLC			
Principal Place of Business <del>7608 LINDA LAKE DRIVE CHARLOTTE, NC 28215</del>		Mailing Address POST OFFICE BOX 44273 CHARLOTTE, NC 28215	
2. Principal Place of Business 8301 Denbur Dr. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Charlotte, NC		City & State	
Zip 28215		Country USA	
4. FEI Number 20-1588303		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  WHIBBS, VINCENT J JR 105 E. GREGORY SQUARE PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name: John L. Carpenter Street Address (P.O. Box Number is Not Acceptable): 1403 Soundview Trail City: Gulf Breeze FL Zip Code: 32561	
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: 		DATE: Feb 9, 2006	
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: CARPENTER, JOHN L STREET ADDRESS: <del>8301 DENBUR DRIVE</del> CITY-ST-ZIP: CHARLOTTE, NC 28215	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 8301 Denbur Dr. CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 000066841530 CITY-ST-ZIP: 02/28/06-01090-014	<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 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: 		Date: Feb 9, 2006      Daytime Phone #: 704.408.3200	

REINSTATEMENT

05-06