2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2007
Secretary of State

DOCUMENT# L04000071985

Entity Name: R SQUARED INVESTMENT PROPERTY LLC

Current Principal Place of Business:

3090 ALATKA CT.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

3090 ALATKA CT.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-1681438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KATZMAN, ROSS
3090 ALATKA CT.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KATZMAN, ROSS
Address: 3090 ALATKA CT.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: KATZMAN, ROBIN
Address: 3090 ALATKA CT.
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: KATZMAN, ANDREW
Address: 2269 NW 16 TERR
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROSS KATZMAN MGRM 06/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date