

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071985

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: KATZMAN, ROSS  
Address: 3090 ALATKA CT.  
City-St-Zip: LONGWOOD, FL 32779

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

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

I hereby 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

04/20/2010

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