2007 LIMITED LIABILITY COMPANY

Apr 12, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #L04000079495** 04-12-2007 90183 035 ****50.00 1. Entity Name RRG, LLC Principal Place of Business Mailing Address 10400 NW 33 STREET 10400 NW 33 STREET 270 270 DORAL, FL 33172 US DORAL, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2051 NW 112 Ave 2051 NW 112 Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Chg-LLC CR2E083 (12/06) Suite Suite 111 City & State 4. FEI Number City & State Applied For Wiami Miami 20-1938707 Not Applicable Zip 2 Country Zip \$5.00 Additional 5. Certificate of Status Desired 331 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOUSTON, J. BRETT 10400 NW 33 STREET Street Address (P.O. Box Number is Not Acceptable) NW 270 **DORAL, FL 33172** City Zip Code ami 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 Signature, typed or printed name of registered agent and title if applicable. (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR MOR TITLE ☐ Addition ☐ Delete TITLE (X) Change Houston, J. Brett NAME HOUSTON, J. BRETT 2051 NW 112 Avenue Suite III STREET ADDRESS 10400 NW 33 STREET STREET ADDRESS CITY-ST-ZIP DORAL, FL 33172 CITY-ST-7IP MIGMI, Fl 33172 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED