

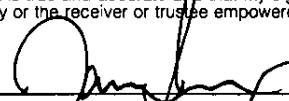


FILED
May 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000083447 1. Entity Name RIP PROPERTIES, LLC			
Principal Place of Business 5200 NW 64TH TERRACE LAUDERHILL, FL 33319		Mailing Address 5200 NW 64TH TERRACE LAUDERHILL, FL 33319	
DO NOT WRITE IN THIS SPACE			
		04302008 No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 20-1892691	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent IRVING, JAMES R 5200 NW 64TH TERRACE LAUDERHILL, FL 33319		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
06/03/08-80029-011 138.75			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRVING, JAMES R 5200 NW 64TH TERRACE LAUDERHILL, FL 33319		
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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: 		4-30-08 726-252-5711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	