

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/9/2

FILED
Jun 15, 2006 8:00 am
Secretary of State

05-09-2006 90008 039 ****50.00

DOCUMENT # L04000094115					
1. Entity Name RJR INVESTMENT, LLC					
Principal Place of Business 6300 N.E. 1ST AVENUE SUITE 300 FORT LAUDERDALE, FL 33334			Mailing Address 6300 N.E. 1ST AVENUE SUITE 300 FORT LAUDERDALE, FL 33334		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2963020				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SADER, ROBERT L 1901 W. CYPRESS CREEK ROAD SUITE 415 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 file if applicable (NOTE: Registered Agent signature required when transferring)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHN A. ROSCHMAN REV. TRUST AGR. 12/22/83 ☒ Delete 6300 N.E. 1ST AVENUE, SUITE 300 FORT LAUDERDALE, FL 33334		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ☐ Change ☒ Addition T.L. C+V REAL ESTATE LP 6300 NE 1ST AVENUE SUITE 300 FORT LAUDERDALE FL 33334	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 _____ <i>Robert Roschman</i> <u>4/24/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					