2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L04000094115



FILED Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90035 016 ****50.00

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) ERRIJDIJ TI	1 OBNIL BIRM BBKII ABNIL BBIK	! ! ! !	8 1 120 1 1001 0 1	if i (11 1 1 11
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042007	Chg-LLC	CR2E0	33 (12/06)	
City & State		City & State			4. FEI Number Applied For 20-2963020 Not Applicable				
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Addi ee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered A	gent	
04BEB B		Name							ļ
SADER, ROBERT L 1901 W. CYPRESS CREEK ROAD SUITE 415		Street Address		ddress (P	(P.O. Box Number is Not Acceptable)				
	DERDALE, FL 33309								
			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 title it applicable. (NOTE: Registered Agent alignature required when reinstating).									
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State			,
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS)	CHANGES		
TITLE	MGRM	Delete	TITLE	MGRN	1			☐ Change	ddition
NAME	TLC V REAL ESTATE LP	7	NAME			ESTATE LP			/
STREET ADDRESS	6300 NE 16TH AVE STE 300		STREET ADDRESS			. Avenue St	e 300		ĺ
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334		CITY-ST-ZIP	Fort	Laude	<u>rdale. FL 3</u>	3334	_	
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STREET ADDRESS			STREET ADORESS CITY-ST-ZIP						
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify for	the evernations of	ontained is	n Chapter 110	Florida Statutes 1 fe	urther certifi	that the info	rmation
indicated	certify that the information supplied with on this report is true and accurate and bility company or the acceive for trustee	that my signature shall have th	ne same lenal ette	ect as it m	ade under oa	ih: ihai I am a mana	ging membe	or manage	r of the

LAU REAL ESTATELP

MANGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #