

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000003063**

1. Entity Name  
**RRJ GROUP, LLC**



Principal Place of Business  
**3990 SW 5 TERR.  
MIAMI, FL 33134**

Mailing Address  
**3990 SW 5 TERR.  
MIAMI, FL 33134**



01232007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2134342**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GAVIRIA, JORGE  
9769 S. DIXIE HWY 101  
MIAMI, FL 33156**

**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 \_\_\_\_\_

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**

000000607543  
01/31/07-80045-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OZAMBELA, RAMON 3990 SW 5TH TERRACE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARALT, JACQUELINE O 14922 SW 29TH TERRACE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OZAMBELA, RAMON A 3990 SW 5TH TERRACE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, MARUJA 14972 SW 29 TERRACE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**1/23/07 305-345-0662**

Date

Daytime Phone #