

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

05-01-2006 90035 007 ****50.00

DOCUMENT # L05000004451 1. Entity Name RREMC II (B) LLC																																																																																																																																			
Principal Place of Business 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406			Mailing Address 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406																																																																																																																																
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State																																																																																																																																	
Zip	Country	Zip	Country																																																																																																																																
6. Name and Address of Current Registered Agent MAPES, PAUL 1601 BELVEDERE ROAD, SUITE 407 SOUTH WEST PALM BEACH, FL 33406				7. Name and Address of New Registered Agent 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 reissuing)																																																																																																																																			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">8. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">9. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="5"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="5"></td> </tr> <tr> <td></td> <td>President m.m.r.g.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>John Metz</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1601 Belvedere Road Suite 407 S</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>West Palm Beach, FL 33406</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Member MANAGER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gail Azarch</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1601 Belvedere Road Suite 407S</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>West Palm Beach, FL 33406</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Member MANAGER</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Arthur Meyer</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1601 Belvedere Road Suite 407S</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>West Palm Beach, FL 33406</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						8. MANAGING MEMBERS/MANAGERS			9. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS						CITY - ST - ZIP							President m.m.r.g.						John Metz						1601 Belvedere Road Suite 407 S						West Palm Beach, FL 33406						Member MANAGER						Gail Azarch						1601 Belvedere Road Suite 407S						West Palm Beach, FL 33406						Member MANAGER						Arthur Meyer						1601 Belvedere Road Suite 407S						West Palm Beach, FL 33406																																		
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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 606, Florida Statutes.																																																																																																																																			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																																			

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04202006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2298808** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required