

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90156 050 ****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**

DO NOT WRITE IN THIS SPACE



02272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2298808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAPES, PAUL
1601 BELVEDERE ROAD, SUITE 407 SOUTH
WEST PALM BEACH, FL 33406**

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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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RG
MATZ, JOHN
1601 BEKVEDERE ROAD SUITE 407 S
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ASARCH, GAIL
1601 BEKVEDERE ROAD SUITE 407 S
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MEYER, ARTHUR
1601 BEKVEDERE ROAD SUITE 407 S
WEST PALM BEACH, FL 33406**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

GARY BLOOME

4-4-07

561-684-2101