

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000012198



1. Entity Name
RHR HOLDINGS, LLC

Principal Place of Business
5350 WEST ATLANTIC AVENUE
SUITE #100
DELRAY BEACH, FL 33484 US

Mailing Address
5350 WEST ATLANTIC AVENUE
SUITE #100
DELRAY BEACH, FL 33484 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
20-2284350 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARROLL, RICHARD
5350 WEST ATLANTIC AVENUE
SUITE #100
DELRAY BEACH, FL 33484

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 title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, RICHARD	NAME	
STREET ADDRESS	5350 WEST ATLANTIC AVENUE, STE. #100	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERMAN, HOWARD	NAME	
STREET ADDRESS	5350 WEST ATLANTIC AVENUE, STE. #100	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWARTZ, RICHARD	NAME	
STREET ADDRESS	5350 WEST ATLANTIC AVENUE, STE. #100	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

340605017038-3600
Date
Daytime Phone #