2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000030613

Entity Name: RP & ASSOCIATES LLC

Current Principal Place of Business:

11813 S.W. 95 STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11813 S.W. 95 STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-2611729 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORA, MCDOWELL E
11813 SW 95 STREET
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	RESTREPO, MARIO	
Address:	9155 GULFSHORE DRIVE	
City-St-Zip:	NAPLES, FL 33104	
Title:	MGRM	( ) Delete
Name:	GARBATI, MARIA	
Address:	2600 CARDENA STREET APT. #6	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	RAMIREZ, HILDA R	
Address:	9155 GULFSHORE DRIVE	
City-St-Zip:	NAPLES, FL 33104	
Title:	MGRM	( ) Delete
Name:	RESTREPO, DARIO A	
Address:	11813 SW 95 STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGRM	( ) Delete
Name:	MCDOWELL, NORA E	
Address:	11813 SW 95 STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGRM	( ) Delete
Name:	RESTREPO, JOSE H	
Address:	11729 SW 95 STREET	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORA E MCDOWELL MGRM 04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date