### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L05000039392

1. Entity Name

R & R INVESTMENTS, L.L.C.



Principal Place of Business

2188 N.W. 25 AVENUE MIAMI, FL 33142 Mailing Address

2188 N.W. 25 AVENUE MIAMI, FL 33142 60016810



DO NOT WRITE IN THIS SPACE

03192008 No Chg-LLC

LC CR2E083 (12/07)

 $\Box$ 

**FILED** 

Mar 24, 2008 8:00 am Secretary of State

03-24-2008 90239 041 \*\*\*138.75

4. FEI Number 20-2717280

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, RUBEN A JR 2188 N.W. 25 AVENUE MIAMI,, FL 33142

# 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

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

	·
9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	DIAZ, RUBEN A JR
STREET ADDRESS	2188 N.W. 25 AVENUE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	MGRM
NAME	CABALLERO, RAFAEL SR
STREET ADDRESS	07 N 029 WHISPERING TRAILS
CITY-ST-ZIP	ST CHARLES, IL 60174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	-
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby	certify that the information supplied with this filing does not qualify for the e

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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

3-20-08

30S-633-5008 Daytime Phone #