


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90015 011 ****50.00

DOCUMENT # L05000043426 1. Entity Name RRLS LLC	
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Principal Place of Business 28 MARSHALL AVE FLORAL PARK, NY 11001	Mailing Address 28 MARSHALL AVE FLORAL PARK, NY 11001
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RRLS LLC



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04072006 Chg-LLC CR2E083 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent GARAGOZIO, PATRICIA 3903 POSTRIDGE TRAIL MELBOURNE, FL 32934	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when renating) _____ 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	NAME SMITH, ROSALIE R	TITLE 	NAME
STREET ADDRESS 28 MARSHALL AVE	CITY-ST-ZIP FLORAL PARK, NY 11001	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	

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: Rosalie Smith 04/06/06 570-354-5410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #