## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 21, 2006 8:00 am

DOCUMENT # L05000064876  1. Entity Name RSO PROPERTIES, LLC  Principal Place of Business  Mailing Address					Secretary of State 02-21-2006 90176 048 ****50.00		
9220 N.W. 54 STREET		9220 N.W. 54 STREET					
_SUNRISE, FL=33351					_		
2. Principal P	lace of Business	3. Mailing Address					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Number 26-013	20372	Applied For . Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired	□ \$5:00 Additional Fee Required
42.8E42	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Agent
NETOLIELI	ODI EDAD OILIONE		Name		•		
MITCHELL ORLEBAR, SIMONE 9220 N.W. 54 STREET SUNRISE, FL 33351		Street Address		P.O. Box Numbe	r is Not Acceptable	) ( (Error - Frenchis)	
			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 Florida	e check payable to Department of State	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES
TITLE	MGRM	☐ Delete	TITLE	]			☐ Change ☐ Addition
NAME	MITCHELL ORLEBAR, SIMONE		NAME	İ			
STREET ADDRESS CITY-ST-ZIP	9220 N.W. 54 STREET SUNRISE, FL 33351		STREET ADORESS CITY-ST-ZIP	·			
TITLE	MGRM	F3 6-1	<del></del>	<del></del>	·	<u> </u>	
NAME	ORLEBAR, RENFORD	Delete	TITLE NAME				☐ Change ☐ Addition
STREET ADDRESS	9220 N.W. 54 STREET		STREET ADDRESS	;			
CITY-ST-ZIP	SUNRISE, FL 33351		CITY-ST-ZIP				
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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 repeiver or trusfee 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

954-741-5352