SIGNATURE: _____

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L05000067777

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90044 041 ****50.00

1. Entity Nam R&I HOLE							
Principal Place of Business		Mailing Address			₩000	งบริย	
2750 MEADOWOOD DRIVE WESTON, FL 33332-3428		2750 MEADOWOOD DRIVE Weston, FL 33332-3428			PRIPI BIJIN GRMS RRIN BRIN	4012 BRII 1887 HEBN 1881 188	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03272006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Numbe 59 -	381072	4. Ap	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$5.00 Add Fee Required	
	6. Name and Address of Current F	Registered Agent	Name		Address of New Re	gistered Agent	
CORPORA	ATION COMPANY OF MIAMI			9LDEV			
	RALIAN AVENUE	Street Address		50 ME	r is Not Acceptable	08 84	
W. PALM	BEACH, FL 33401	<u> </u>				Tin Code	
			City 1x/E			FL 3333	. 2—.
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 aignature required when reinstating)							
Filing Fee is \$50.00 Due by May 1, 2006						check payable to Department of State	•
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE NAME	MGRM	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2750 MEANOWOOD DR.		STREET ADDRESS CITY-ST-ZIP				
TITLE	Marm	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADORESS	STUTI DANG	> ₽	NAME Street address				
CITY-ST-ZIP	2750 MEADOWOOD ! WESTON FL 333	<u> 3 2</u>	CITY-ST-ZIP				_
TITLE	,	☐ Delete	TITLE NAME			☐ Change	Addition
name Street address			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE Name		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADORESS				ļ
CITY-ST-ZIP			CITY-ST-ZIP				- Large
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				C
TITLE NAME		☐ Detete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADORESS				
CITY-ST-ZIP	and if , that the information of parties of mith	this fling does not qualify for	CITY-ST-ZIP	d in Chanter 110	Florida Statutas 16:	rthan cortifu that the info	rmation
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 their ray signature shall have the same legal affect 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: 4/10/06 954-410-2848							