## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Jan 31, 2008 8:00 am **Secretary of State DOCUMENT # L05000067976** 01-31-2008 90068 017 \*\*\*138.75 R & L PROPERTIES DEVELOPMENT LLC Principal Place of Business Mailing Address 60005210 16223 ANDALUCIA LANE 16223 ANDALUCIA LANE DELRAY BEACH, FL 33446-9509 DELRAY BEACH, FL 33446-9509 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3131728 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORA, ABRAHAM M Street Address (P.O. Box Number is Not Acceptable) C/O KAY SCHOLER LLP 777 S. FLAGLER DRIVE, SUITE 900 WEST PALM BEACH, FL 33410 City 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 FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change ☐ Addition KATZ, JEFFREY NAME NAME 16223 ANDALUCIA LANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP DELRAY BEACH, FL 33446 CITY-ST-ZIP MGR ☐ Delete TITLE TITLE ■ Addition LORRAINE, KATZ NAME NAME 16223 Andalucia Lane STREET ADDRESS 16223 ANDALVEI LN DELRAY BEACH, FL 33446 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustife empowered to execute this report as required by Chapter 608, Florida Statutes.

AGER OR AUTHORIZED REPRESENTATIVE

FILED

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