


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L05000075588
 1. Entity Name
RG OFFICES, LLC



Principal Place of Business Mailing Address
1110 BRICKELL AVE., SUITE 402 **1110 BRICKELL AVE., SUITE 402**
MIAMI, FL 33131 **MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



02292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For
20-3268320 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
REINA, GUILLERMO
610 HARBOR CIRCLE
KEY BISCAYNE, FL 33149

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINA, GUILLERMO 610 HARBOR CIRCLE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RESTREPO, MONICA 610 HARBOR CIRCLE KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REINA, NANCY 330 RIDGEWOOD RD KEY BISCAYNE, FL 33149
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 03/13/08-80005-009 138.75

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: *Nancy Reina* **2/29/08** **305-3717676**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone
 EXT 14