

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90042 042 ****50.00

DOCUMENT # L05000083350

1. Entity Name
RRC PROPERTY ADVISORS LLC



Principal Place of Business
**1911 SUMMERLAND AVENUE
WINTER PARK, FL 32789 US**

Mailing Address
**1911 SUMMERLAND AVENUE
WINTER PARK, FL 32789 US**



2. Principal Place of Business
1814 Woodward St
Suite, Apt. #, etc.

3. Mailing Address
Same as above
Suite, Apt. #, etc.

04122006 Chg-LLC CR2E083 (11/05)

City & State
Orlando FL
Zip
32803 Country
USA

City & State
FL
Zip Country

4. FEI Number
55-0904160 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**R REALTY CORPORATION
1911 SUMMERLAND AVENUE
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name **Paul R. Rutledge**
Street Address (P.O. Box Number is Not Acceptable)
1911 Summerland Ave
City **Winter Park** FL Zip Code **32789**

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 **Paul R. Rutledge** DATE **4-12-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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** ☐ Delete
NAME **RUTLEDGE, PAUL**
STREET ADDRESS **1911 SUMMERLAND AVENUE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **RUTLEDGE, DONNA P**
STREET ADDRESS **1911 SUMMERLAND AVENUE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Donna P. Rutledge** DATE **4-12-06** DAYTIME PHONE # **599-0980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE