


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90218 040 \*\*\*\*\*55.00

<b>DOCUMENT # L05000084120</b> 1. Entity Name <b>RR MACHINERY, LLC</b>					
Principal Place of Business <b>3875 N.W. 132 ST. OPA LOCKA, FL 33054</b>			Mailing Address <b>3875 N.W. 132 ST. OPA LOCKA, FL 33054</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3467423</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RODRIGUEZ, RICARDO L 3875 N.W. 132 ST. OPA LOCKA, FL 33054</b>			Name <b>BRITO DAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3875 NW 132 ST</b> City <b>OPALOCKA</b> FL Zip Code <b>33054</b>		
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 <b>DAN BRITO</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>03/21/06</b>					
<b>Filing Fee is \$50.00 - Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RODRIGUEZ, RICARDO L 3875 N.W. 132 ST. OPA LOCKA, FL 33054</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRITO DAN 3875 NW 132 ST OPALOCKA, FL, 33054</b>	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: DAN BRITO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>786 255 3035</b> <small>Date Daytime Phone #</small>		