

**2006 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

DOCUMENT # L05000084120

1. Entity Name  
RR MACHINERY, LLC



Principal Place of Business  
3875 N.W. 132 ST.  
OPA LOCKA, FL 33054

Mailing Address  
3875 N.W. 132 ST.  
OPA LOCKA, FL 33054

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -8 AM 9:57

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
BRITO, DAN 3875 N.W. 132 ST. OPA LOCKA, FL 33054			
Name <b>Ricardo L. Rodriguez</b> Street Address (P.O. Box Number is Not Acceptable) <b>3875 NW 132 ST</b> City <b>OPA LOCKA</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>Ricardo L. Rodriguez</b> <i>Ricardo L. Rodriguez</i> (NOTE: Registered Agent signature is required when reinstating) DATE <b>05/24/06</b> Signature, typed or printed name of registered agent and title (if applicable)			
Amended AR is \$50.00		Make check payable to Florida Department of State	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRITO, DAN 3875 NW 132ND ST OPA LOCKA, FL 33054  <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ricardo L. Rodriguez 3875 NW 132 ST OPA LOCKA FL 33054  <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  5000076304165 06/19/06--01005--006 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *Ricardo L. Rodriguez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date **05/24/06** Daytime Phone # **305 496-9893**