2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000088439

1. Entity Name R3 PARTNERS LLC



Feb 25, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business

Mailing Address

801 NW 37TH AVENUE, SUITE 205 MIAMI, FL 33125 801 NW 37TH AVENUE, SUITE 205 MIAMI, FL 33125



02062008No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
20-3528269	Not Applicabl
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

ROZENBLUM, MARTIN 801 NW 37TH AVENUE, SUITE 205 MIAMI, FL 33125 DO NOT WRITE

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 this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		engineer of types of prince in the regime to degree the most displacement.	trans transferred side a site and adding Author tensitation (8)	SAIE	
	SIGNATUR		(NOTE: Bordstored Agent signature required when reinstating)	DATE	
			nging its registered office or registered agent, or both, in th	he State of Florida. I am familiar with, ar	id accept

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000839146 03/05/08-80053-016 138.75

9.	9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROZENBLUM, MARTIN 801 NW 37TH AVENUE, SUITE 205 MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMAD REAL ESTATE HOLDINGS LLC 801 NW 37TH AVENUE, SUITE 205 MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
name Name Street Address City-St-Zip	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS	£	

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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #