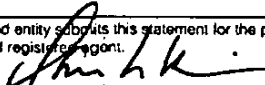
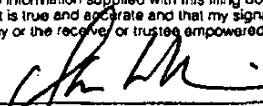


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-25-2008 90020 009 ***138.75

DOCUMENT # L05000113444			
1. Entity Name RCC INVESTMENTS, LLC			
Principal Place of Business 2780 DOUGLAS ROAD, SUITE 204 MIAMI, FL 33133		Mailing Address 2780 DOUGLAS ROAD, SUITE 204 MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box # 2780 DOUGLAS ROAD		3. Mailing Address 2780 DOUGLAS ROAD	
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc. SUITE 100	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133	Country USA	Zip 33133	Country USA
4. FEI Number 20-3901223		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VALENCIA, OSCAR 2780 DOUGLAS ROAD, SUITE 204 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name OSCAR L. VALENCIA Street Address (P.O. Box Number is Not Acceptable) 2780 DOUGLAS ROAD SUITE 100 City MIAMI, FL Zip Code 33133	
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  OSCAR L. VALENCIA DATE 4/21/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENCIA, OSCAR L 2780 DOUGLAS RD., #204 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER (MGRM) ☐ Change ☒ Addition PEDRO GALLINAR 2780 DOUGLAS ROAD SUITE 100 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RE: ADDITION ↑
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pedro Gallinar
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	is a
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions indicated on this report is true and accurate and that my signature shall have the same legal effect as if I were the owner of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes. SIGNATURE:  OSCAR VALENCIA DATE 4/21/08 DAYTIME PHONE # 305-443-4236 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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