

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011023

FILED
Aug 02, 2007
Secretary of State

Entity Name: R & R FLORIDA INVESTMENTS, LLC

Current Principal Place of Business:

100 ANDALUSIA AVE.
SUITE 602
CORAL GABLES, FL 33134

New Principal Place of Business:

3320 LOWSON BLVD
DELRAY BEACH, FL 33445

Current Mailing Address:

3320 LOWSON BLVD
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-4223967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RUIZ, JUAN A
3320 LOWSON BLVD.
DELRAY BEACH, FL 33445 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUIZ, JUAN A
Address: 100 ANDALUSIA AVE. SUITE 602
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: RAULIN, WAYNE E
Address: 111 SW 11TH AVE
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RUIZ, JUAN A
Address: 3320 LOWSON BLVD
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN ALFREDO RUIZ

MGRM

08/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date