FILED Mar 28, 2008 8:00 am Secretary of State 03-28-2008 90170 020 ***138.75

,	ANNUAL REPORT				
	DOCUMENT # L06000011844				

1. Entity Name RCBM IN	VESTMENTS LLC		A Trans						
Principal Place 12815 NW 45 6B OPA LOCKA, I	5 AVE	Mailing Address 12815 NW 45 AVE 6B OPA LOCKA, FL 33054	1			MESIN MISS & SESS & SESS 2811		1 2 111 2 1211 2	
2. Principal Pl	ace of Business - No P.O, Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	01082008	Chg-LLC	CR2E08	3 (12/06))
City & State	•	City & State			4. FEI Numb	er 76 - 08 14 D FOR	877 9	\rightarrow	Applied Fo
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Ac	dditional
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New Re	gistered Ag	ent	
			1	Name					
812 GOLD	O, BENEDETTO EN CANE DRIVE			Street Address	(P.O. Box Numb	er is Not Acceptable)			
WESTON,	FL 33327			,					
				City			FL	Zip Co	de
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	office or registe	red agent, or bo	oth, in the State of Flori	ida. I am fa	niliar with	n, and acc
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E: Registered Ag	pent signature require	d when reinstating)		DATE		·
	······································								
	: NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	75					check pay Departmen		
	71, 2008 Fee will be \$538.	75 BERS/MANAGERS	10.			Florida	Departmen		
After May	71, 2008 Fee will be \$538.		10.			Florida	Departmen CHANGES		ate
9. IITLE NAME	MANAGING MEM MGRM CENTOFANTI, ALEXANDRO	BERS/MANAGERS	TITLE NAME			Florida	Departmen CHANGES	nt of Sta	ate
9. TITLE NAME STREET ADDRESS	MANAGING MEM MGRM CENTOFANTI, ALEXANDRO 27320 SW 154 AVE	BERS/MANAGERS	TITLE NAME STREET A	ı		Florida	Departmen CHANGES	nt of Sta	ate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEM MGRM CENTOFANTI, ALEXANDRO 27320 SW 154 AVE HOMESTEAD, FL 33032	BERS/MANAGERS	TITLE NAME STREET A CITY-ST	ı		Florida	Departmen CHANGES	t of Sta	Ad
9. TITLE NAME STREET ADDRESS	MANAGING MEM MGRM CENTOFANTI, ALEXANDRO 27320 SW 154 AVE HOMESTEAD, FL 33032 MGRM	BERS/MANAGERS	TITLE NAME STREET A	ı		Florida	Departmen CHANGES	nt of Sta	ate
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEM MGRM CENTOFANTI, ALEXANDRO 27320 SW 154 AVE HOMESTEAD, FL 33032 MGRM MAZZUCO, BENEDETTO 812 GOLDEN CANE DRIVE	BERS/MANAGERS	TITLE NAME STREET A CITY-ST-	- ZIP		Florida	Departmen CHANGES	t of Sta	Ad
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEM MGRM CENTOFANTI, ALEXANDRO 27320 SW 154 AVE HOMESTEAD, FL 33032 MGRM MAZZUCO, BENEDETTO	BERS/MANAGERS	TITLE NAME STREET A CITY-ST TITLE NAME	-ZIP		Florida	Department CHANGES	the of Sta	ate
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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.