

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016763

Entity Name: RSR GROUP LLC

FILED  
Apr 25, 2007  
Secretary of State

## Current Principal Place of Business:

1809 E BROADWAY ST  
SUITE 127  
OVIEDO, FL 32765

## Current Mailing Address:

1809 E BROADWAY ST  
SUITE 127  
OVIEDO, FL 32765

## New Principal Place of Business:

1809 E BROADWAY ST  
SUITE 360  
OVIEDO, FL 32765

## New Mailing Address:

1809 E BROADWAY ST  
SUITE 360  
OVIEDO, FL 32765

FEI Number: 20-4762933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERTS, RODDEY M  
2370 TURNBERRY DR  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

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: NUSZKOWSKI, RICARDO F  
Address: 1481 SW 159TH AV  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM ( ) Delete  
Name: ROBERTS, RODDEY M  
Address: 2370 TURNBERRY DR  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NUSZKOWSKI, RICARDO F  
Address: 15841 PINES BLVD # 173  
City-St-Zip: PEMBROKE PINES, FL 33027

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: RODDEY ROBERTS

MGRM

04/25/2007

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