

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043833

Entity Name: RSS INVESTMENTS, LLC

FILED
Apr 21, 2007
Secretary of State

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-4768293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SHAPIRO, HENRY J M.D.
Address: 345 JUPITER LAKES BLVD, STE 104
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Change (X) Addition
Name: REICH, ELIZABETH A M.D.
Address: 345 JUPITER LAKES BLVD, STE 104
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Change (X) Addition
Name: SANCHEZ, JUAN E M.D.
Address: 345 JUPITER LAKES BLVD, STE 104
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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: HENRY J. SHAPIRO, M.D.

MGRM

04/21/2007

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