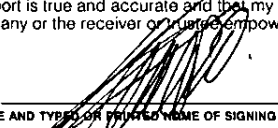


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90199 047 ****50.00

DOCUMENT # L06000057161 1. Entity Name RN GROUP USA, LLC					
Principal Place of Business 1570 KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33141			Mailing Address 1570 KENNEDY CAUSEWAY NORTH BAY VILLAGE, FL 33141		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5173977	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. ROTH, ROUSSO & KATSMAN, LLP 8851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180				7. Name and Address of New Registered Agent Name JORGE SAYLOFF Street Address (P.O. Box Number is Not Acceptable) 1570 KENNEDY CAUSEWAY City N. Bay Village FL Zip Code 33141	
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  DATE 2/1/07 <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIFSITZ, ENRIQUE 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1570 KENNEDY Causeway N. Bay Village FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CODONI, JOSE 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1570 KENNEDY CAUSEWAY N. Bay Village FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOTTERO, NICOLAS 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1570 KENNEDY CAUSEWAY N. Bay Village FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: 				Date 2/1/07 Daytime Phone # 305-864-7777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE NICOLAS VOTTERO, MGR					