

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-14-2007 90365 045 ****50.00

DOCUMENT # L06000076196 1. Entity Name RAH PROPERTIES, LLC					
Principal Place of Business 2600 TURNBRIDGE LANE ST. AUGUSTINE FL 32092			Mailing Address 2600 TURNBRIDGE LANE ST. AUGUSTINE FL 32092		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. EEL Number 84-1714806	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD., STE. 504 JACKSONVILLE FL 32216			7. Name and Address of New Registered Agent Name Hernandez, Audrey J. Street Address (P.O. Box Number is Not Acceptable) 2600 Tunbridge lane City St. Augustine FL Zip Code 32092		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President ☐ Delete Hernandez, Audrey J. 2600 Tunbridge Ln. St. Augustine, Florida 32092		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President/Secretary ☐ Delete Hernandez, Robert G. 2600 Tunbridge Ln. St. Augustine, Florida 32092		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.					
SIGNATURE: <u><i>Audrey J. Hernandez</i></u> 4/6/07 904-230-3741 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					