2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000085948

RR DEVELOPMENT FLORIDA V. LLC

FILED Apr 02, 2008 08:00 Al Secretary of State

Principal Place of Business

3129 SPRINGBANK LANE CHARLOTTE, NC 28226

Mailing Address

3129 SPRINGBANK LANE CHARLOTTE, NC 28226



03182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5506069

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

•						and a faithful to Children bearing and the Total State of the State of the	(Martin 1965)
8. The above	e named entity submi	ts this statement for	the purpose of changing	its registered office or registered agent, o	r both, in the State of Flo	orlda. I am familiar with, a	and accept
the obliga	itions of registered ar	ient.	i	•			
•			[1		:	
	1	!	1	·		!	
SIGNATURE_		1	Ţ	I	•	i	
0.00	Signature, typed or printed name of registered agent and title if applicable.			OTE: Registered Agent signature required when reinstating	g) ·	DATE	

FILE NOW!!! FEE IS \$138,75 After May 1, 2008 Fee will be \$538.75

	9.	MANAGING MEMBERS/MANAGERS				
	TITLE	MGR				
	NAME	ALLEN, WILLIAM G.				
	STREET ADDRESS	3129 SPRINGBANK LANE				
	CITY-ST-ZIP	CHARLOTTE, NC 28226				
	TITLE					
	NAME					
	STREET ADDRESS					
	CITY-ST-ZIP					
	TITLE					
	NAME					
	STREET ADDRESS					
	CITY-ST-ZIP					
ļ	TITLE	,				
	NAME					
	STREET ADDRESS					
	CITY-ST-ZIP					
	TITLE					
	NAME					
o: ا	STREET ADDRESS	100				
041	CITY-ST-ZIP	•				
	TITLE	स्वयुद्धतात् अतः स्टामा वः अधान				
∓:}	NAME	The standard of the second sec				
	STREET ADDRESS	. ,				
350	CITY-ST-ZIP 11.					
	11. I hereby certify that the information supplied with this filling does not qualify for the ave					

04/91/4/08-80056-017/91/38

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3.31-08

Daytime Phone #