2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2007
Secretary of State

DOCUMENT# L06000087651

Entity Name: R.I.R., LLC

Current Principal Place of Business:

1501 S. OCEAN DRIVE
#1606
HOLLYWOOD, FL 33019 US

New Principal Place of Business:

Current Mailing Address:

1501 S. OCEAN DRIVE
#1606
HOLLYWOOD, FL 33019 US

New Mailing Address:

FEI Number: 20-5500673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LARSON, CAROL
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

LARSON ACCOUNTING AND CONSULTING SERVICES
8818 COMMODITY CIRCLE
SUITE 40
ORLANDO, FL 32819 US

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: CAROL LARSON 06/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RHINE, RANDALL W
Address: 1501 S. OCEAN DRIVE #1606
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: MGR ( ) Delete
Name: RHINE, ILIZETE C
Address: 1501 S. OCEAN DRIVE #1606
City-St-Zip: HOLLYWOOD, FL 33019 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RANDALL RHINE MGR 06/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date