

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101226

Entity Name: RLR PROPERTIES LLC

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

315 SW SALERNO RD
STUART, FL 34997

New Principal Place of Business:

594 SE HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

174 JACKSON DR
WEST PALM BEACH, FL 33406

New Mailing Address:

594 SE HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983

FEI Number: 20-5283476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, LORRAINE
315 SW SALERNO RD
STUART, FL 34997 US

Name and Address of New Registered Agent:

LEWIS, LORRAINE
594 SE HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983 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:

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEWIS, RICHARD
Address: 315 SW SALERNO RD
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: LEWIS, LORRAINE
Address: 315 SW SALERNO RD
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEWIS, RICHARD
Address: 594 SE HIDDEN RIVER DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: MGRM (X) Change () Addition
Name: LEWIS, LORRAINE
Address: 594 SE HIDDEN RIVER DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: LORRAINE LEWIS

MGRM

03/25/2009

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