

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118828

Entity Name: RI-RY MANAGEMENT, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

2840 S.W. 129TH AVENUE
MIAMI, FL 33175 US

New Principal Place of Business:

5477 NW 72ND AVE
MIAMI, FL 33166 US

Current Mailing Address:

2840 S.W. 129TH AVENUE
MIAMI, FL 33175 US

New Mailing Address:

5477 NW 72ND AVE
MIAMI, FL 33166 US

FEI Number: 20-8325621 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:

GUTIERREZ, RECAREDO
2840 S.W. 129TH AVENUE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

GUTIERREZ, RECAREDO
5477 NW 72ND AVE
MIAMI, FL 33166 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:

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUTIERREZ, RECAREDO
Address: 2840 S.W. 129TH AVENUE
City-St-Zip: MIAMI, FL 33175

Title: MGMR () Delete
Name: GUTIERREZ, RUXANDRA
Address: 2840 S.W. 129TH AVENUE
City-St-Zip: MIAMI, FL 33175

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: RECAREDO GUTIERREZ

MGR

05/01/2008

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