


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90061 015 ***143.75

DOCUMENT # L07000001336	
1. Entity Name RBRR, L.L.C.	

Principal Place of Business 710 OAKFILED DR., STE 225 BRANDON, FL 33511	Mailing Address 710 OAKFILED DR., STE 225 BRANDON, FL 33511
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60007712



01302008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent	
GREGORY, WILLIAM P 715 SWANN AVE. TAMPA, FL 33606	

7. Name and Address of New Registered Agent

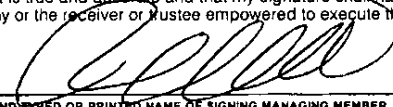
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</p> <p>Make check payable to Florida Department of State</p>	

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM <input type="checkbox"/> Delete
NAME	WILLIAMS, RHONDA O
STREET ADDRESS	710 OAKFILED DR., STE 225
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM <input type="checkbox"/> Delete
NAME	ORY, BRETT A
STREET ADDRESS	710 OAKFILED DR., STE 225
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM <input type="checkbox"/> Delete
NAME	ORY, RONNIE J JR
STREET ADDRESS	710 OAKFILED DR., STE 225
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, Rhonda O.
STREET ADDRESS	420 VAN REED MANOR DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORY, Brett A.
STREET ADDRESS	420 VAN REED MANOR DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORY, RONNIE J.
STREET ADDRESS	420 VAN REED MANOR DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Date: 2-11-8	Daytime Phone #: 8005166348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		