

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90332 002 \*\*\*138.75

<b>DOCUMENT # L07000031927</b> 1. Entity Name <b>RAPOSA FLORIDA REAL ESTATE INVESTMENTS, LLC</b>					
Principal Place of Business <b>170 WEST DEARBORN STREET ENGLEWOOD, FL 34223</b>			Mailing Address <b>170 WEST DEARBORN STREET ENGLEWOOD, FL 34223</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>42-1751172</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVID A. DUNKIN, P.A. 170 WEST DEARBORN STREET ENGLEWOOD, FL FLORI-DA</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>		
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 _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR <b>RAPOSA, FRANK L</b> <b>7 STRAWBERRY LANE</b> <b>WARREN, RI 02885</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR <b>RAPOSA, ANGELINA A</b> <b>7 STRAWBERRY LANE</b> <b>WARREN, RI 02885</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Frank L. Raposa</i> <i>Angelina A. Raposa</i> <span style="float: right;"><b>2/26/08</b></span> <b>FRANK L. RAPOSA ANGELINA A. RAPOSA</b>					